



Section 125 Flexible Benefit Plan Election Revocation / Change or Stop Form

To used for mid plan year changes

Employer: Richland Parish School Board

Employee: _____ **SS#:** _____

I wish to (check one) change revoke my previously authorized benefit election under Section 125 due to the following reason(s):

REASON FOR CHANGE

(one box from this column must be checked)

- | | |
|---|---|
| <input type="checkbox"/> Marriage

<input type="checkbox"/> Divorce

<input type="checkbox"/> Death of Spouse or Dependent

<input type="checkbox"/> Birth or Adoption of a Child | <input type="checkbox"/> Termination I Commencement of Spouse's Employment

<input type="checkbox"/> Employee or Spouse Taking an Unpaid Leave of Absence

<input type="checkbox"/> Other: (specify)
_____ |
|---|---|

Date of Election Change _____

*Please change my election as requested below:
(indicate only those coverages needing changes. All unnoted elections will remain the same)*

Coverage Type	Company	Previous Premium	New Premium
		\$	\$
		\$	
		\$	

I certify that the above is a true and accurate statement to justify a revocation or change under my employer's Section 125 Plan and is not allowed unless one of the above has occurred.

Signature of Employee: _____ **Date:** _____