



**CHANGE OF BENEFIT ELECTION  
OR DROP FORM**

Please cancel my previously authorized salary reduction(s) as follows:

**CHECK ONE**

Amount per Pay Period	Company	Product	**125 Plan	or	Aftertax
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

Please change my benefit election/compensation reduction agreement as set forth below :

**CHECK ONE**

Amount per Pay Period	Company	Product	**125 Plan	or	Aftertax
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

**Please state reason for allowable change:**

*\*\*Any change of benefit election after the plan year has commenced regarding a deduction that is inside of your 125 Plan can be made only if the changes are necessitated by and are consistent with allowable changes adopted by the Department of Treasury. Please contact Jatou Tigrett at 888-483-1392, ext. 2164 should you have any questions regarding the list of allowable changes.*

Executed the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employer