



Section 125 Flexible Benefit Plan Election
Revocation/Change or Stop Form
To be used for mid plan year changes

Georgetown Independent School District

Employer: _____

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)

- Marriage
- Divorce
- Death of Spouse or Dependent
- Birth or Adoption of a Child
- Termination / Commencement Spouses' Employment
- Employee or Spouse Taking an Unpaid Leave of Absence
- _____

Date of Election _____

Please change my elections 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: **X** _____ Date: _____