



Benefit Election Change Form

Employee Name: _____

Social Security #: _____ Department: _____

Please make the following change(s) to my payroll deduction(s) effective _____:

Deferred Compensation

_____ Diversified Investments _____ Nationwide
_____ ICMA _____ Valic

Increase deduction from \$ _____ to \$ _____ per pay period
Decrease deduction from \$ _____ to \$ _____ per pay period

HSA

Increase deduction from \$ _____ to \$ _____ per pay period
Decrease deduction from \$ _____ to \$ _____ per pay period

LTD

_____ Cancel Coverage or _____ lower the option – must notify benefits

Life Insurance

_____ Cancel or reduce employee coverage (you can only cancel portion that is not pre-taxed unless you have a Qualifying Event or during open enrollment)
Decrease amount from _____ to _____
_____ Cancel dependent coverage
_____ Option #1 (\$1.49 for spouse and eligible children)
_____ Option #2 (Spouse)
_____ Option #3 (Eligible Children)

Other Insurance Companies*

*Cancel premium deduction(s) for the following:
_____ AFLAC _____ AGLA _____ Allstate _____ Colonial Life

NOTE: If any of the following deductions are flexed (pre-taxed), changes may only be made during open enrollment or with an eligible family status change. Please contact the Office of Human Resources, Benefits Section, at 595-4767, 595-4682 or 595-3682 for additional information.

*Any changes other than a cancellation must be made through the company Representative.

Employee Signature

Date