

NORTHWEST PUBLIC SCHOOLS  
FLEXIBLE BENEFIT PLAN

REVOCATION/CHANGE OF BENEFIT ELECTION AND  
COMPENSATION REDUCTION AGREEMENT

Check One: ☐ 9 pay period employee ☐ 12 pay period employee Flex Card: ☐ Yes ☐ No

Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_ Employee No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

EFFECTIVE ON THE \_\_\_\_\_ PAYROLL DATE stop or change the benefit election indicated below. I hereby revoke/change my benefit election and compensation reduction agreement under the Northwest Public Schools Flex Plan. If discontinuing a benefit election, place a zero beside the appropriate benefits. If making a change in the benefit election amount, write in the new dollar amount for the appropriate benefits. \*\*

1. \_\_\_\_\_ Medical Expense Reimbursement
2. \_\_\_\_\_ Dependent Care Assistance
- \*3. \_\_\_\_\_ Group Health/Dental Insurance
- \*4. \_\_\_\_\_ Group Cancer/Intensive Care/Accident/Spec. Event Insurance
- \*5. \_\_\_\_\_ Group Term Life Insurance
- \*6. \_\_\_\_\_ Group Vision Insurance

\* Employer-sponsored insurance plans

The reason for this revocation/change is: \_\_\_\_\_

My benefit election and compensation reduction agreement shall remain in effect as to my benefit coverages, if any, which are not checked or changed above.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

Accepted and agreed to by NORTHWEST PUBLIC SCHOOLS

By \_\_\_\_\_

\_\_\_\_\_  
Date

Please return this form to AMGL, PC, P.O. Box 1407, Grand Island, NE 68802.

\*\* This revocation/change may not be effective prior to the first day of the next Plan Year unless it is made because of a "change in family status" as defined in the Northwest Public Schools Flexible Benefit Plan Summary. Any new election shall be effective the first pay period beginning after this form is completed and returned to the administrator. The new election must also be both the result of and consistent with the change in family status.