

ADVANTAGE[®] PAYROLL SERVICES

Precision You Can Count On

CHANGE IN ELECTION

Employee # _____

Social Security # _____

Employer Name _____

Employee's Last Name

First

Mi

Complete this section if Employee is being **dropped** from plan

REASON:

Please Explain:

- Termination of Employment
- Change in Spouse's Insurance
- Decreased Hours and lost eligibility
- Employee taking unpaid leave
- Divorce

Complete this section for a **change** in the Contribution amount

REASON:

OLD RATE

NEW RATE

- Change in spouse's Employment
- Marriage or Divorce
- Birth or Adoption of child
- Death of spouse or dependent
- Change in Insurance premium

Please Explain:

Signature _____ Employee _____ Date _____

Signature _____ Employer _____ Date _____

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White - Advantage Copy

Canary - Client Copy