

EDUCATIONAL SERVICE UNIT #8 FLEX PLAN

**REVOCATION/CHANGE OF BENEFIT ELECTION AND
COMPENSATION REDUCTION AGREEMENT**

Pay Periods (circle one): 12 10

Social Security No.: _____ DOB: _____ Employee No. _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

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 Educational Service Unit #8 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. **

Annual	Per Pay Period	
_____	_____	Medical Expense Reimbursement Plan
_____	_____	Dependent Care Assistance Plan
_____	_____	Health/Dental Insurance (Employer's Plan)
_____	_____	AFLAC Insurance (Employer's Plan) (total of all applicable policies)
_____	_____	Vision Insurance (Employer's Plan)

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 the Educational Service Unit #8.

By _____
Date

Please return this form to Almquist, Maltzahn, Galloway & Luth, P.C., 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 Educational Service Unit #8 Flex Plan Summary Plan Description. 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.