



## NORTH EAST ISD CAFETERIA PLAN ELECTION CHANGE FORM

Name	Social Security #	
Campus/Location	Monthly	Biweekly

According to the Internal Revenue Code, Section 125, a change or revocation of previous elections under the cafeteria plan cannot be made unless there is a family status change. A completed Application along with supporting documentation of the event **must** be received within 31 calendar days of the status change. **IMPORTANT:** If your 31st day falls on a weekend or holiday, your forms must be received in the Risk Management & Employee Benefits Office by the last working day prior to your 31st day.

I hereby request to change my Election and Compensation Reduction Agreement due to the change in family status indicated below:

DATE of Family Status Change	TYPE OF STATUS CHANGE
	Marriage
	Divorce, Legal Separation
	Birth of Child - Name:
	Legal Adoption of Child - Name:
	Change in Custody of Child - Name:
	Death of Spouse or Child - Name:
	Change or Loss of Employment by Employee
	Change or Loss of Employment by Spouse or Dep. - Name:
	FMLA Leave of Absence
	Reduction in Work Hours
	Ineligibility of Dependent Child - Name:
	Other (please specify) :

ACTION TO BE TAKEN:	<input type="checkbox"/> ADD	<input type="checkbox"/> CANCEL		
	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> FAMILY
TO WHICH PLAN:	<input type="checkbox"/> Medical Plan	<input type="checkbox"/> Dental Plan	<input type="checkbox"/> Vision Plan	
	<input type="checkbox"/> Group Term Life Insurance	<input type="checkbox"/> Cancer Plan		

I certify that the above status change has occurred within the last 31 calendar days.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE EMPLOYEE BENEFITS OFFICE.  
NEISD, 8961 Tesoro Drive, Suite 209, San Antonio, TX 78217**

<b>OFFICE USE:</b>	Change Effective _____	Approval _____
	Coverage: PPO High PPO Low HMO	ID Card: Yes No