Benefit Election Change Request

To: Provess Flexible Benefits *(formerly New Liberty Administration)*

From:_____

Employee (Please Print)

I hereby request revision/revocation of my Group Voluntary _____ Policy, Un-reimbursed Medical, or Dependent (Child) Care benefit election, within my employer's Cafeteria Benefits Plan. The reason for this request is:

[ ] Marriage [ ] Divorce [ ] Death of Spouse

[ ] Birth of child [ ] Adoption of child

[ ] Termination of employment of Spouse

[ ] Other _____

(Evidence of this reason must be attached)

	Semi-Monthly	Annual
Please change my Un-reimbursed Medical expense election to:	$_____	$_____
Please change my Dependent Care expense to:	$_____	$_____

I understand that it is my responsibility to provide supporting documents such as copies of receipts for all un-reimbursed Medical expenses. I also understand that I need to keep original supporting documents/receipts in case of an IRS audit.

_____

Name

_____

Address

_____

City State Zip

_____ _____

Employee Signature Date

Rev. 2/09

This form is for use in California.
Form CC-8708

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