
TOWN OF HOLLISTON

Section 125 Cafeteria Plan - Employee Revocation/Change in Status Certification

TOWN OF HOLLISTON SECTION 125 CAFETERIA PLAN

TOWN OF HOLLISTON

Employer Name (Legal Entity Name)

Employee Name (First, Middle Initial, Last)

Employee Address

Employee Social Security Number

Employee Number/ID

Plan Year _____ through _____

As a participant in the Cafeteria (Plan), I am entitled to revoke my current benefit election and enter into a new election in the event I incur certain changes in status permitted by the terms of the Plan.

I hereby revoke my election effective: _____.

I understand that any change in my benefit election must be necessitated by and consistent with the change in status as defined in the Plan and certified by me below:

I certify that I have incurred the following change in status:

- Marriage
- Birth of Child, Adoption of Child
- Divorce, Legal Separation or Annulment
- Dependent Attending School
- Moved out of service area for myself, my spouse or dependent

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- Death of my spouse and/or dependent
- Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout
- Termination or commencement of employment by my spouse or dependent
- Other permissible event: _____

Date that the change in status occurred (MM/DD/YYYY): _____

The Administrator may require you to provide evidence to document the event which requires the change of election.

Employee Signature

Date

Employer Administrator

Date