



Jefferson Federation of Teachers Health and Welfare Fund

2540 SEVERN AVENUE, SUITE 302, METAIRIE, LOUISIANA 70002

MAILING ADDRESS: P.O. BOX 6137, METAIRIE, LA 70009-6137

(504) 455-7261 www.jfthw.org

CHANGE or REVOCATION of BENEFIT ELECTION FORM--SECTION 125 CAFETERIA PLAN

COMPANY: JFT HEALTH AND WELFARE FUND EMPLOYEE #

EMPLOYEE NAME: SS#

ADDRESS: PHONE:

CITY STATE ZIP

I have experienced the following change in status (must be within the last 30 days) and wish to change/revoke my existing plan election and make a new election for the remainder of the current plan year.

Table with 3 columns: PLEASE INDICATE CHANGE, DOCUMENTATION REQUIRED, DATE OF CHANGE. Rows include Marriage, Divorce, Death of spouse, Birth of a child, Adoption of a child, etc.

I understand that if there is an interruption of monthly payments, I will be terminated until the next open enrollment. I may choose to keep my coverage current; however, I must be personally responsible for making the missed monthly premium payments to my employer.

I certify that the above information is true and correct to the best of my knowledge. I understand that my benefit election agreement shall remain in effect with regards to other benefit coverage's, if any, which are not listed above.

Employee Signature

Date

JFT Health and Welfare Fund

Date

Table for Fund Office Use Only with columns: Benefit, From, To, Payroll Effective Date. Rows 1, 2, 3.