



AKRON CITY SCHOOL DISTRICT
CAFETERIA PLAN REVOCATION FORM

I hereby choose to revoke and change my Cafeteria Plan election. Any medical plan, dental plan, prescription drug plan, or vision plan coverage to which I may become entitled to as a result of this revocation and change of election will be determined in accordance with the new Cafeteria Plan Election Form I am filing with this Revocation Form, the terms of the medical plan, dental plan, prescription drug plan, or vision plan and the election or application forms I file under the medical plan, dental plan, prescription drug plan, or vision plan.

In accordance with the terms of the Cafeteria Plan, I hereby certify that the above change or revocation is prompted by and consistent with *[please check one]*:

_____ **Changes in Legal Marital Status.** Events which changed your legal marital status, including marriage, death of a Spouse, divorce, legal separation, or annulment.

_____ **Changes in Number of Dependents.** Events which changed your number of Dependents, including birth, adoption, placement for adoption, or death of a Dependent.

_____ **Changes in Employment Status.** Any of the following events which change the employment status of your, your Spouse or a Dependent: termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, and a change in worksite.

_____ **Changes in Residence.** A change in your, your Spouse's or Dependent's place of residence.

_____ **Changes in Dependent Eligibility.** An event which causes a Dependent to satisfy or cease to satisfy the requirements for coverage, including attainment of age, student status, or similar circumstances.

_____ **Judgment, Decree or Order.** A judgment, decree, or order resulting from a divorce, legal separation, annulment, or change in legal custody that requires health care coverage for your child or a foster child who is your Dependent.

_____ **Other.**

Please explain further: _____

Effective Date of Change: ____/____/____

Employee Name (Print): _____

Employee Signature: _____ Date: _____