

City of Montgomery

Voluntary/Supplemental Benefit Change Request Form

Employee Information

Print Employee Name	Date of Birth	Employee ID #

Change Request

Benefit	Tax Status	From (Bi-Weekly Amount)	To (Bi-Weekly Amount)
Aflac	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax		

* Pre-Tax deductions can only be changed within 30 days of a qualifying event or during Open Enrollment. Documentation is required.

Effective Date: _____

YOU ARE RESPONSIBLE FOR MAKING SURE THE BENEFIT PROVIDER IS AWARE OF THIS CHANGE.

Employee Signature

Date Signed

Phone Number

E-Mail Address

Authorized Representative Signature

Date Signed



Submit signed Change Request Form to the City of Montgomery Benefits Office

Benefits Office: 103 N. Perry St., Montgomery, AL 36104 **Ph#:** 334-625-3692 **Fax#:** 334-625-2316 **E-mail:** benefits@montgomeryal.gov