

# 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)
Colonial Life	<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](mailto:benefits@montgomeryal.gov)