



CHANGE FORM FOR SELECT-FLEX ACCOUNT

Name of Employee: _____

Name of Employer: _____

Social Security #: _____ Date of Change: _____

Reason for Change: _____

Year-to-date contributions from employee: _____

Date and amount of the last payroll contribution: _____

Change in contribution: _____ (Per Pay Period) New Annual Election: _____

I hereby authorize that the above employee has terminated their Select-Flex account with our company.

Authorization by Employer: _____ Date: _____

Please Mail or fax to: Regional Care, Inc.
905 West 27th Street
Scottsbluff, NE 69361
Fax: 308-635-2018 Attn: Cami
Phone: 308-635-2260
Watts: 800-795-7772