

**Rio Hondo Independent School District  
VOLUNTARY DEDUCTION DROP FORM**

Please cancel my previously authorized employee benefit election(s) as follows:

*Please note; the change will only occur if the benefit you are dropping is NOT on the section 125 (cafeteria) plan.*

<u>Amount</u>	<u>Company</u>	<u>Benefit</u>	<u>Effective Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Received: \_\_\_\_\_

Entered : \_\_\_\_\_