Brenda A. Herbeck
CMMT, CMMC

TOWN OF MATTAPOISETT
Treasurer/Tax Collector
16 Main Street, P.O. Box 433
Mattapoisett, MA 02739
Phone: (508) 758-4100 ext.1 Fax: (508) 758-4102

EMPLOYEE CHANGE FORM

STOP DEDUCTION

- ❑ Please stop my payroll deduction for _____ as of _____.

I understand that any deduction subject to a Sec. 125 Cafeteria Plan (pre-tax)(i.e. health, life, disability) can only be terminated at the end of the plan year.

PERSONAL INFORMATION

- ❑ Name Change _____
  (please print)

- ❑ Address Change _____

  _____

Employee Name: _____
(please print)

Signature: _____

Date: _____