



# Enrollment/Change/Delete Form

**Please note:** Incomplete information may delay processing of this form.

THIS SECTION TO BE COMPLETED BY THE GROUP ADMINISTRATOR		
DATE	GROUP NUMBER	SUB GROUP (IF APPLICABLE)
GROUP NAME		
ADMINISTRATOR	PHONE	EXT
EFFECTIVE DATE	ENROLLMENT STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> COBRA	

EMPLOYEE INFORMATION		TRANSACTION TYPE	
		ADD	<input type="checkbox"/>
		CHANGE	<input type="checkbox"/>
		DELETE	<input type="checkbox"/>
NAME			
SOCIAL SECURITY NUMBER			DATE OF BIRTH
ADDRESS			
CITY	STATE	ZIP CODE	

FIRST NAME, MIDDLE INITIAL, LAST NAME	ACTION CODES: (A)DD (C)HANGE (D)ELETE	
SPOUSE	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION

SPECIAL DEPENDENT INFORMATION – To be used to designate a Full-Time Student or Handicapped Dependent	
CHILD NAME	HANDICAPPED <input type="checkbox"/>
CHILD NAME	SCHOOL
CHILD NAME	SCHOOL

I agree to all terms and conditions of the VBA Vision Plan and corresponding payroll deductions (if applicable).

Employee Signature

Date