Enrollment / Change / Delete Form

Please Note: Incomplete information may delay processing of this form **(please print-black ink only).**

GROUP ADMINISTRATOR: Please return completed forms to: VBA at Elig@VBAPlans.com (Confirmation will be sent by VBA when this form has been processed).

This section to be completed by the Group Administrator:

Date: _____   Group#/Name: **#950 / Municipality of Monroeville**   Subgroup (if applicable): _____

Administrator: _____   Phone #: _____   Ext: _____

Effective Date of Change: _____   Enrollment Status: _____ Active _____ Cobra

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Employee Information   Transaction Type: _____Add _____Change _____Delete

Social Security Number: _____   Date of Birth: _____   Gender: _____

Employee Name: _____

Address: _____

City: _____   State: _____   Zip Code: _____

Email Address: _____

First Name, Middle Initial, Last Name   Action Codes: (A)dd   (C)hange   (D)elete

SPOUSE:		SSN#	DOB:	GENDER	ACTION:
CHILD 1:		SSN#	DOB:	GENDER	ACTION:
CHILD 2:		SSN#	DOB:	GENDER	ACTION:
CHILD 3:		SSN#	DOB:	GENDER	ACTION:
CHILD 4:		SSN#	DOB:	GENDER	ACTION:
CHILD 5:		SSN#	DOB:	GENDER	ACTION:

Special Dependent Information – To be used to designate Full-Time Student or Handicapped Dependent

Child Name _____   Handicapped _____

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: _____