



Enrollment / Change / Delete Form

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Please Note: Incomplete information may delay processing of this form (please print).

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: **3672/WALLINGFORD SWARTHMORE SD** Subgroup (if applicable): _____

Administrator: _____ Phone #: _____ Ext: _____

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

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:** _____