



# Vision Benefits of America, Inc. Enrollment/Change/Terminate Form

**Please note:** Incomplete information may delay processing of this form.  
400 Lydia St, Suite 300 Carnegie, PA 15106

**THIS SECTION TO BE COMPLETED BY THE GROUP ADMINISTRATOR**

<b>DATE</b>	<b>GROUP NUMBER</b>	<b>SUB GROUP (IF APPLICABLE)</b>
<b>GROUP NAME</b>		
<b>ADMINISTRATOR</b>	<b>PHONE</b>	<b>EXT</b>
<b>EFFECTIVE DATE OF ENROLLMENT/TERMINATION OR CHANGE</b>	<b>ENROLLMENT STATUS</b> <input type="checkbox"/> ACTIVE <input type="checkbox"/> COBRA	

EMPLOYEE INFORMATION	TRANSACTION TYPE	ENROLL	CHANGE	TERMINATE
NAME <span style="float: right;"><input type="checkbox"/> ENROLL    <input type="checkbox"/> CHANGE    <input type="checkbox"/> TERMINATE</span>				
SOCIAL SECURITY NUMBER				DATE OF BIRTH
ADDRESS				
CITY	STATE	ZIP CODE		

\*DEPENDENT RELATIONSHIP: S=SPOUSE/DOMESTIC PARTNER, C=CHILD, H=HANDICAPPED CHILD, T=STUDENT  
 \*\*ACTION CODES: (E)NROLL (C)HANGE (T)ERMINATE

DEPENDENT LAST NAME	DEPENDENT FIRST NAME	*DEPENDENT RELATIONSHIP	DATE OF BIRTH MM/DD/YYYY	**ACTION CODE
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	
		S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/>	/ /	

**FRAUD WARNING:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date