



Expert Solutions. Exceptional Service.



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: mdamico@mbausa.org

This section to be completed by the Group Administrator:

Date: _____ Group#/Name: _____ / _____

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:** _____