



Enrollment/Change/Terminate 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 OF ENROLLMENT/TERMINATION OR CHANGE	ENROLLMENT STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> COBRA	

EMPLOYEE INFORMATION	TRANSACTION TYPE	ENROLL	CHANGE	TERMINATE
NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)CHANGE (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"/>	/ /	

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

Employee Signature

Date

V_BA_ManEnroll. Rev: 10/21