



# 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

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

| EMPLOYEE INFORMATION   | TRANSACTION TYPE | ENROLL <input type="checkbox"/> | CHANGE <input type="checkbox"/> | TERMINATE <input type="checkbox"/> |
|------------------------|------------------|---------------------------------|---------------------------------|------------------------------------|
| NAME                   |                  |                                 |                                 |                                    |
| 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 defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

Employee Signature

Date