



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

EMPLOYEE INFORMATION

TRANSACTION TYPE

ADD ☐CHANGE ☐DELETE ☐

NAME		
SOCIAL SECURITY NUMBER		DATE OF BIRTH
ADDRESS		
CITY	STATE	ZIP CODE

FIRST NAME, MIDDLE INITIAL, LAST NAME

ACTION CODES: (A)DD (C)HANGE (D)ELETE

SPOUSE/DOMESTIC PARTNER	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION
CHILD	DATE OF BIRTH	ACTION

SPECIAL DEPENDENT INFORMATION – To be used to designate a Full-Time Student or Handicapped Dependent

CHILD NAME	HANDICAPPED <input type="checkbox"/>
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

V_BA_Enrollment. Rev: 07/14/17