VISION BENEFITS OF AMERICA VBA#2942
ENROLLMENT/UPDATE FORM

INSTRUCTIONS FOR EMPLOYEE:

1. COMPLETE SECTIONS BELOW AND SIGN.
2. RETURN COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT.

EMPLOYEE SOCIAL SECURITY NUMBER_____

EMPLOYEE NAME_____BIRTHDATE_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:

	FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY	BIRTHDATE
☐Add ☐Remove SELF					
☐Add ☐Remove SPOUSE					
☐Add ☐Remove CHILD					
☐Add ☐Remove CHILD					
☐Add ☐Remove CHILD					
☐Add ☐Remove CHILD					

STUDENT INFORMATION (complete for dependents who are enrolled as FULL-TIME College Students.)

STUDENT'S NAME	NAME OF SCHOOL OR UNIVERSITY	BIRTHDATE

ANY HANDICAPPED CHILD COVERED ON MEDICAL?

CHILD NAME	BIRTHDAY

EMPLOYEE SIGNATURE_____DATE_____

HUMAN RESOURCES USE: EFFECTIVE DATE_____