PO Box 1308, Mechanicsburg PA 17055
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VBA Vision
Small Group
Enrollment Change Form

EMPLOYER NAME: PA State Grange	CLIENT ID #: 000025
EFFECTIVE DATE: ______ Enrollments effective the 1st day of the month Terminations effective the last day of the month	VBA Plan (Select One) ❑ Option 1 (009) ❑ Option 3 (2713) ❑ Option 2 (2712) ❑ Option 4 (4146)

EMPLOYEE INFORMATION

Last Name	First Name	MI	Social Security

Address – Street	New Address: ☐ Yes ☐ No	Date of Birth	Marital Status: ☐ Single ☐ Married
Address – City State and Zip			

Home Phone:	Work Phone	Email	Date of Hire	Gender: ☐ Male ☐ Female

ENROLLMENT / CHANGE / TERMINATION INFORMATION

Covered Individual(s) — Check Only One

	Last Name	First Name	Gender	Date of Birth	Social Security Number	Add	Change	Term
Employee	*Please indicate action to right for employee listed above*							
Spouse [A]			❒ Male ❒ Female					
Child [B]			☐ Male ❒ Female ❒ Disabled+					
Child [B]			☐ Male ❒ Female ❒ Disabled+					
Child [B]			☐ Male ❒ Female ❒ Disabled+					
Child [B]			☐ Male ❒ Female ❒ Disabled+					

[A] Includes Domestic Partners. Evidence of domestic partnership must be provided at time of enrollment.
[B] Dependent children may be covered until the end of the month attainment of age 26.

JUSTIFICATIONS / SIGNATURES

Justification: ❒ Open Enrollment
❒ Initial Eligibility
❒ Life Status Change Event (Explain Below)
❒ Other (Explain Below)

Explanation:

+Disability Effective Date: ____/____/_____
Reason: ____
____
____

EMPLOYEE SIGNATURE: ______________________________ DATE ____/____/_____

EMPLOYER SIGNATURE: ______________________________ DATE ____/____/_____