



Enrollment/Change/Terminate Form

Please note: Incomplete information may delay processing of this form.

Group Administrator: Please return completed forms to the MBA: Istalmach@mbausa.org

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 ☐ ACTIVE ☐ COBRA	

EMPLOYEE INFORMATION	TRANSACTION TYPE	ENROLL ☐	CHANGE ☐	TERMINATE ☐
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 ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	
		S ☐ C ☐ H ☐ T ☐	/ /	

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

Employee Signature

Date