

EMPLOYER NAME: _____ ACCOUNT # / CLIENT ID # (VBA ONLY): _____	ENROLLMENT/CHANGE / TERMINATION FORM <i>(Revised 03/01/2015)</i>
EFFECTIVE DATE	
Effective Date: _____ [VBA Enrollments on the 1 st day of the month] [VBA Terminations on the last day of the month]	



EMPLOYEE INFORMATION					
Last Name: _____	First Name: _____	MI: _____	Social Security: _____		
Address – Street _____		New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address – City State and Zip _____					
Home Phone: _____	Work Phone: _____	Email: _____		Date of Hire: _____	Gender: M F

ENROLLMENT / CHANGE / TERMINATION INFORMATION												
Covered Individual(s)				Gender	Date of Birth	Social Security Number	Action: Check Only One			VBA Plan 1 (009)	VBA Plan 2 (2712)	VBA Plan 3 (2713)
Type	Last Name	First Name	M I				Add	Change	Term			
Employee												
Spouse				<input type="checkbox"/> Male <input type="checkbox"/> Female								
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female								
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female								
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female								
Other				<input type="checkbox"/> Male <input type="checkbox"/> Female								

JUSTIFICATIONS / SIGNATURES	TO BE COMPLETED BY CAPITAL ADMINISTRATORS										
Justification: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Initial Eligibility <input type="checkbox"/> Life Status Change Event (Explain) _____ <input type="checkbox"/> Other (Explain) _____	<table style="width:100%;"> <tr> <td style="width:50%;">Pol. # _____</td> <td style="width:50%;">Employee _____</td> </tr> <tr> <td>Prov. # _____</td> <td>EmployeePlan _____</td> </tr> <tr> <td>Client _____</td> <td>Adjustment _____</td> </tr> <tr> <td>ClientPlan _____</td> <td>VBA _____</td> </tr> <tr> <td></td> <td>Other _____</td> </tr> </table>	Pol. # _____	Employee _____	Prov. # _____	EmployeePlan _____	Client _____	Adjustment _____	ClientPlan _____	VBA _____		Other _____
Pol. # _____	Employee _____										
Prov. # _____	EmployeePlan _____										
Client _____	Adjustment _____										
ClientPlan _____	VBA _____										
	Other _____										
Signatures: EMPLOYEE _____ DATE ____/____/____ EMPLOYER _____ DATE ____/____/____											

VBA PLAN INFO: <i>(Rates valid through 2/28/2017)</i>	<u>Plan #</u>	<u>Single</u>	<u>Family</u>
	PLAN 1 (009)	\$5.76	\$11.51
	PLAN 2 (2712)	\$7.85	\$15.65
	PLAN 3 (2713)	\$8.70	\$17.40

***** PLEASE PRINT CLEARLY *****

Return all forms to admin1@crbenefits.net or fax to 717-975-9303.