

EMPLOYER NAME: _____

ACCOUNT # / CLIENT ID # (VBA ONLY): _____

EFFECTIVE DATE

Effective Date: _____ [VBA Enrollments on the 1st day of the month]
 [VBA Terminations on the last day of the month]

ENROLLMENT / CHANGE / TERMINATION FORM
 (Revised 9/21/2011)



Capital Administrators
 A Division of Capital Region Benefits

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ MI: _____ Social Security: _____

Address: _____ New Address: Yes No Date of Birth: _____ Marital Status: Single Married

Home Phone: _____ Work Phone: _____ Email: _____ Date of Hire: _____ Gender: (circle one) M F

ENROLLMENT / CHANGE / TERMINATION INFORMATION

	Covered Individual			Gender	Date of Birth	Social Security Number	Action: Check Only One			Med	Den	Vis	Vis VBA Plan 1 (009)	Vis VBA Plan 2 (2712)	Vis VBA Plan 3 (2713)
	Last Name	First Name	MI				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

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

Signatures: EMPLOYEE _____ DATE ____/____/____
 EMPLOYER _____ DATE ____/____/____

TO BE COMPLETED BY CAPITAL ADMINISTRATORS

Policy # _____ Employee _____
 Provider # _____ Employee Plan _____
 Client _____ Adjustment _____
 Client Plan _____ VBA _____
 Other _____

VBA PLAN INFO:	Plan #	Single	Family
(Rates valid through 2/28/2012)	PLAN 1 (009)	\$5.76	\$11.51
	PLAN 2 (2712)	\$7.25	\$14.49
	PLAN 3 (2713)	\$9.10	\$18.18

***** PLEASE PRINT CLEARLY *****
 Return all forms to CRBadmin@crbenefits.net or fax to 717-975-9303.