


EMPLOYER NAME: _____ ACCOUNT # / CLIENT ID # (VBA ONLY): _____						ENROLLMENT/CHANGE / TERMINATION FORM <i>(Revised 12/19/2011)</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)	
	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) _____								Pol. # _____ Employee _____ Prov. # _____ EmployeePlan _____ Client _____ Adjustment _____ ClientPlan _____ VBA _____ Other _____					
Signatures: EMPLOYEE _____ DATE ____/____/____ EMPLOYER _____ DATE ____/____/____													

VBA PLAN INFO: (Rates valid through 2/28/2015)	Plan #	Single	Family
	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.