



Add/Change/Delete Form

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

DATE	GROUP NAME	
PREPARED BY	PHONE	EXT
GROUP NUMBER	SUB GROUP (IF APPLICABLE)	
EFFECTIVE DATE	ADD (ACTIVE <input type="checkbox"/> COBRA <input type="checkbox"/>) CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/>	

EMPLOYEE INFORMATION		
NAME	COVERAGE LEVEL (SELECT COVERAGE LEVEL BASED ON GROUP'S PLAN RULES)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS		
CITY	STATE	ZIP CODE

FIRST NAME, MIDDLE INITIAL, LAST NAME		ACTION CODES: (A)DD (C)HANGE (D)ELETE	
SPOUSE	DATE OF BIRTH	ACTION	
CHILD	DATE OF BIRTH	ACTION	
CHILD	DATE OF BIRTH	ACTION	
CHILD	DATE OF BIRTH	ACTION	
CHILD	DATE OF BIRTH	ACTION	
CHILD	DATE OF BIRTH	ACTION	

SPECIAL DEPENDENT INFORMATION	
CHILD NAME	HANDICAPPED <input type="checkbox"/>
CHILD NAME	SCHOOL
CHILD NAME	SCHOOL
SPECIAL INSTRUCTIONS	

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SUBMIT FORM