Vision Benefits of America
Clearly Managed. Clearly Focused.

VISION BENEFITS OF AMERICA

ADD / DELETE FORM

(Please Print or Type)

PHONE
(412) 881-4900

FAX
(412) 881-7319

GROUP NAME _____ GROUP # _____ DATE _____

PREPARED BY _____ YOUR TELEPHONE NO. (_____) _____ - _____

ADD	DELETE	CHANGE	EFFECTIVE THE 1st DAY OF (MONTH, YEAR)	SOCIAL SECURITY NUMBER (XXX-XX-XXXX)	EMPLOYEE'S/MEMBER'S NAME LAST, FIRST, MI	SINGLE	FAMILY

INSTRUCTIONS:

1. If adding a new employee/member, list information above and attach completed VBA Enrollment Card.
2. If you have a change or a correction, check (✓) the change column and attach a brief explanation to this form.
3. Please make any premium adjustments to the bill **prior** to remitting to VBA.
4. Keep yellow copy for your records, and mail the original to:

VISION BENEFITS OF AMERICA
300 WEYMAN PLAZA
PITTSBURGH, PA 15236-1588
Attn: Accounting Dept.

OR, fax your original copy to (412) 881-7319, attention Accounting Department.