



# Vision Benefits of America Add / Change / Delete Form

Please Note: Incomplete information may delay processing of this form.

**Date:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Group #:** \_\_\_\_\_ **Sub Group (If Applicable):** \_\_\_\_\_

**Coverage Effective Date:** \_\_\_\_\_ **Active** **Cobra**

**Employee Information**                      **Add**                      **Change**                      **Delete**

**Name:** \_\_\_\_\_

**Social:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**First Name, Middle Initial, Last Name**                      **Action Codes: (A)dd (C)hange (D)elete**

<b>Spouse</b>	<b>DOB</b>	<b>Action</b>
<b>Child</b>	<b>DOB</b>	<b>Action</b>
<b>Child</b>	<b>DOB</b>	<b>Action</b>
<b>Child</b>	<b>DOB</b>	<b>Action</b>
<b>Child</b>	<b>DOB</b>	<b>Action</b>
<b>Child</b>	<b>DOB</b>	<b>Action</b>

### Special Dependent Information

**Child Name**                      **Handicapped**

**Child Name**                      **School**

**Child Name**                      **School**

**Special Instructions:**