



VISION INSURANCE PLAN OF AMERICA, INC.

P.O. Box 44077

Milwaukee, WI 53214-7077

(414) 475-1875

(800) 883-5747

Fax (414) 475-1599

CHANGE OF STATUS

Date _____

Plan Number _____ Group Name _____

Employee Name: _____ Soc. Sec. _____

CHANGE OF ADDRESS

New Address:

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

New Phone #: _____

NAME CHANGE

New Name: _____

_____ **ADDING DEPENDENTS**

_____ **DELETING DEPENDENTS**

Spouse Reason: _____

Child Effective Date: _____

Name _____ DOB _____ Soc. Sec. # _____

Name _____ DOB _____ Soc. Sec. # _____

COBRA COVERAGE

_____ **Electing Cobra Coverage**

* Please fill out all areas that apply
