

ENROLLMENT FORM

Professional Benefit Administrators
 1000 Hurricane Shoals Road NE, Ste C 370 ~ Lawrenceville, GA 30043
 Phone (770) 963-3939 or (800) 578-2082 ~ Fax (770) 963-6126 or (888) 264-6975
 Website: www.pbainsurance.net

Name _____ DOB _____ S.S.# _____
 Address _____ City _____ State _____ Zip _____
 Home Phone # () _____ Work Phone # () _____
 Fax # () _____ E-Mail Address _____
 Employer Name _____ Union _____

Spouse _____	SS# _____	DOB _____
Child _____	SS# _____	DOB _____
Child _____	SS# _____	DOB _____
Child _____	SS# _____	DOB _____
Child _____	SS# _____	DOB _____
Child _____	SS# _____	DOB _____
Child _____	SS# _____	DOB _____

LIFE INSURANCE PLANS

IS FEGLI TAKING YOU TO THE CLEANERS???
Let FEDERAL EMPLOYEE BENEFITS' New Life Plan Take you to the Bank !!!!
Call 1-800-578-2082 for Further Info.

DENTAL PLANS

DHMO PLANS ** see below	CHECK ONE	CHOOSE YOUR OWN DENTIST PLAN	CHECK ONE
CS – 150 – Comp/Humana		Diamond 1500 Plan	
Liberty Dental LS100-California Only		Elite 75	
		Dental Plus	
		Humana Traditional Preferred PPO	

IMPORTANT!!

****ALL DHMO PLANS - You must select a provider prior to your effective date of coverage**

****Dental Provider Name _____ Facility I.D.# _____**

VISION PLAN:

Humana Vision _____

DISABILITY PLAN:

American Fidelity _____

 Please note: TAI (Transaction Allotment Inc.) will deduct a NON-REFUNDABLE Administrative Fee for each processed Allotment or Bank Draft

Signature* _____ Date _____

*By my signature above, I understand that the Dental & Vision Plans are a non-refundable one (1) year program.
DISCLAIMER: Professional Benefit Administrators has no liability if policies are terminated or changed by the dental or vision companies.

Agent (Print) _____