

ENROLLMENT FORM

Professional Benefit Administrators
 224 Highway 211 NW, Suite B ~ Winder, GA 30680
 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
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
CS150 – Comp Benefits/Humana		Diamond 1500 Plan	
Dental Source Plan E		Humana Traditional/Preferred PPO	
DINA Dental (LA Only)		Colonial Superior PPO	
Dominion Dental 703X			
OHS-Access Plan		VISION	
		Humana Vision 130 - High Option Plan	

IMPORTANT!!

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

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

HUMANA VISION PLAN:

HUMANA DISABILITY PLAN:

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) _____