2020-2021 Enrollment Form

for Vietnam Veterans of America Association

SECTION 1: Your Information *(Please Print)*

First Name: Last Name:

Street Address:

City: State: Zip Code: Gender: ☐ F ☐ M

Date of Birth (MM/DD/YY): Social Security Number (XXX-XX-XXXX):

Email Address: Phone #:

SECTION 2: Your Monthly Premiums and Plan Election (Please choose a Coverage Level)

MONTHLY RATES	CIGNA DMO Low Option (A2109)	CIGNA DMO High Option (P210X)	GVS HEARING/VISION Without Dental	GVS HEARING/VISION With Dental
Member Only	☐ $21.00	☐ $27.50	☐ $12.25	☐ $10.00
Member and Spouse	☐ $34.50	☐ $47.25	☐ $21.50	☐ $19.25
Member and Child(ren)	☐ $40.75	☐ $52.75	☐ $22.00	☐ $19.75
Member and Family	☐ $57.75	☐ $77.00	☐ $33.00	☐ $30.75

SECTION 3: Your Dependent Information (Dependents are eligible until the end of the month of their 26th birthday.)

	First Name	Last Name	Gender (M/F)	Social Security Number	Date of Birth (MM/DD/YY)
Spouse					
Dependent					
Dependent					

SECTION 4: Your Monthly Payment Information

(You must pay with VISA, MasterCard, Discover, American Express, Debit Card or Automatic Withdrawal from Checking Account.)

Account Name: (First)_____ (Last)_____

☐ **Credit Card Number:** **Expiration Date:**

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ____ ____ - ____ ____

M M Y Y

☐ **Checking Account:** ***Bank Name:*** _____

_____ _____

Routing Number (9 digits) *Account Number*

I hereby authorize Extensive Benefits to charge Dental insurance premiums to my credit/debit card indicated in this authorization form. This payment is for the dental and/or insurance monthly premiums, underwritten by Cigna and GVS. I certify that I am an authorized user of this credit/debit card and that by signing this document, I am accepting all the responsibility for these transactions to ensure full payment until the termination of such benefits. I will inform you immediately if use of this card is no longer valid.

Your Signature: Date:

RETURN THIS FORM TO:

Email: **info@extensivebenefits.com**
Fax: **1-404-585-3508**
Mail: **Extensive Benefits**
1266 W Paces Ferry Rd #655
Atlanta, GA 30327

If you have any questions, please feel free to contact:

- Cigna (Dental Insurance) – 800-244-6224
- GVS (Hearing/Vision Insurance) – 877-547-6957
- Extensive Benefits (Administrator) – 888-416-4211