

## Value Based Insurance Design (VBID) Enrollment Form

**Condition(s)**      ☐ Diabetes      ☐ Asthma      ☐ Coronary Artery Disease (CAD)  
**Enrolling In:**      ☐ Heart Failure      ☐ Chronic Obstructive Pulmonary Disease (COPD)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone (optional): \_\_\_\_\_

Business Phone (optional): \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Date of Birth (mmddyyyy): \_\_\_\_\_

HealthAmerica Member ID #: \_\_\_\_\_

Relationship To Employee:   ☐ Self      ☐ Spouse / Same-Sex Domestic Partner      ☐ Child

**Please send form to:**

**Fax:** 866-804-4862

**E-mail:** DickinsonVBID@cvty.com

**Mail:**

HealthAmerica  
Attn: Melissa Keller  
3721 TecPort Drive  
Harrisburg, PA 17111

For questions about the VBID program, please call HealthAmerica member services at 1-800-252-5742.