|  |  |  |  |
| --- | --- | --- | --- |
| Agency name: | Enter agency name. | Agency code(s): | Enter code. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designated contact name** | **VNAV number, (required)** | **Contact info** | | **LeavePro Access** |
| Enter contact name. | Enter VNAV Number. | **Title:** | Enter contact title. | Add LeaveProTM  Remove LeaveProTM |
| **Email:** | Enter contact email. | |
| **Phone #:** | Enter contact phone #. | |
| Are you a plan member? | | Yes  No |
|  | | | | |
| Enter contact name. | Enter VNAV Number. | **Title:** | Enter contact title. | Add LeaveProTM  Remove LeaveProTM |
| **Email:** | Enter contact email. | |
| **Phone #:** | Enter contact phone #. | |
| Are you a plan member? | | Yes  No |
|  | | | | |
| Enter contact name. | Enter VNAV Number. | **Title:** | Enter contact title. | Add LeaveProTM  Remove LeaveProTM |
| **Email:** | Enter contact email. | |
| **Phone #:** | Enter contact phone #. | |
| Are you a plan member? | | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Agency supervisor (print): | Enter agency supervisor name. | | |
| Agency supervisor signature: |  | Date: | Enter date. |

|  |
| --- |
|  |

To contact an account manager, please email [vdpsupport@alight.com](mailto:vdpsupport@alight.com) or call 844-507-5391.

Send completed form to: [vdpsupport@alight.com](mailto:vdpsupport@alight.com)