



# Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections.

Required sections are marked with an \*.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

<b>Employer Information:</b> to be completed by Employer	
Employer Name*	Effective Date**
[24 boxes]	[2 boxes] / [2 boxes] / [4 boxes]
Group Number*	Subgroup*
[24 boxes]	[2 boxes]
Location Code	
[24 boxes]	

^Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

<b>Employee Information:</b> to be completed by Employee		
Change Type*:	<input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Member ID: [24 boxes]
Last Name*	Date of Birth*	
[24 boxes]	[2 boxes] / [2 boxes] / [4 boxes]	
First Name*	MI	Gender*
[24 boxes]	[1 box]	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address*	Phone Number	
[24 boxes]	( [4 boxes] )	[4 boxes] - [4 boxes]
City*	State*	Zip Code*
[24 boxes]	[2 boxes]	[2 boxes] - [2 boxes] - [2 boxes]
Employee Email Address:	<small>^Last four digits of Employee's Social Security Number are required.</small>	
[24 boxes]		

<b>Family Information:</b> to be completed by Employee. Only eligible dependents may be enrolled.		
<b>Dependent 1</b>	Change Type*:	<input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update
	Relationship*:	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*:	
[24 boxes]	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name*	MI	Social Security Number
[24 boxes]	[1 box]	[4 boxes] - [2 boxes] - [4 boxes]
	Date of Birth*	
	[2 boxes] / [2 boxes] / [4 boxes]	
<b>Dependent 2</b>	Change Type*:	<input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update
	Relationship*:	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*:	
[24 boxes]	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name*	MI	Social Security Number
[24 boxes]	[1 box]	[4 boxes] - [2 boxes] - [4 boxes]
	Date of Birth*	
	[2 boxes] / [2 boxes] / [4 boxes]	
<b>Dependent 3</b>	Change Type*:	<input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update
	Relationship*:	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*:	
[24 boxes]	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name*	MI	Social Security Number
[24 boxes]	[1 box]	[4 boxes] - [2 boxes] - [4 boxes]
	Date of Birth*	
	[2 boxes] / [2 boxes] / [4 boxes]	
<b>Dependent 4</b>	Change Type*:	<input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update
	Relationship*:	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*:	
[24 boxes]	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name*	MI	Social Security Number
[24 boxes]	[1 box]	[4 boxes] - [2 boxes] - [4 boxes]
	Date of Birth*	
	[2 boxes] / [2 boxes] / [4 boxes]	

Employee Signature\*: \_\_\_\_\_

Date\*: [2 boxes] / [2 boxes] / [4 boxes]

For additional dependents, please complete a second form.