

## 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

Employer Inform	ation: to be complet	ed by Employer					Effective Date*^
Employer Name*							Effective Date
Group Number*		Sı	ubgroup*				^Date set by employer in
			TTT	٦			accordance with EyeMed proposal. Employer also sets
							effective date for new adds
Location Code				-			during contract period.
Employee Inform	ation: to be comple	ted by Employe	e				
					Member ID:		
Change Type*:		erm 🗖 Up	paare		Member ID:		
Last Name*							Date of Birth*
							/ /
First Name*			MI G	Gender*			Phone Number
			Пг	<b>J</b> Male	🗖 Femo		
			<u> </u>				
Street Address*			1 1 1				
City #					****	ala*	Control Consumbly Allows In a wth
City*			1 1 1	Ste	ate* Zip Co	de	Social Security Number*^
				ᅬᄂ			
Employee Email Ad	ldress:						^Last four digits of Employee's Social Security Number are requir
E anna ile a las formas arti			1 12 21 1				
Family Informati			1			rolled.	
Dependent 1	Change Type*:	🗖 Add	🗖 Tern	n 🗖	Update		
	Relationship*:	🗖 Husband	🔲 Wife	е 🗖	Son 🗖 Do	ughter	Domestic Partner
Last Name*							Gender*:
							🗖 <sub>Male</sub> 🗖 <sub>Female</sub>
First Name*			MI S	ocial So	curity Numbe	r	Date of Birth*
Thist Nume							
			LLL		-  -		
	Change Type*:	🗖 Add	🗖 Tern		Update		
Dependent 2	Relationship*:	Husband			·	wahtor	Domestic Partner
Levet Nevre e*	Relationship :					ugnier	
Last Name*							Gender*:
							🗖 Male 🗖 Female
First Name*			MI S	iocial Se	curity Numbe	r	Date of Birth*
					- I - I - I		
Dependent 3	Change Type*:	🗖 Add	🗖 Tern		Update		
	Relationship*:	🗖 Husband	U Wife	e 🗖	Son 🗖 Do	ughter	Domestic Partner
Last Name*						-	Gender*:
							🗖 Male 🗖 Female
First Names*			M		ou with a Nia and Is	-	
First Name*			MI S	iocial Se	curity Numbe	I	Date of Birth*
	Change Type*:	Add	Tern		Update		
Dependent 4	• • • •				-		
	Relationship*:	Husband		e 🗖	Son 🗖 Do	ugnter	
Last Name*							Gender*:
							🗖 Male 🗖 Female
First Name*			MI S	locial Se	curity Numbe	r	Date of Birth*
First Name*			MI S	Social Se	curity Numbe 	r	Date of Birth*

Employee Signature\*:

Date\*:

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