

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 Information: to be completed by Employer					
Employer Name*					Effective Date*^
Group Number*		Sı	ubgroup*		^Date set by employer in
					accordance with EyeMed proposal. Employer also sets
Location Code					effective date for new adds during contract period.
Location code					
Employee Information: to be completed by Employee					
Change Type*:	Add D			Member ID:	
Last Name*	L Add L	eriii 🗀 O	Juale	Member ib:	Date of Birth*
Lust Nume					Date of Bill th
First Name*			MI Gen		Phone Number
				Male \square Female	(
Street Address*					
City*				State* Zip Code*	Social Security Number*
City				Ctate Zip Code	The second secon
Francis va a Francii A a	Ideas				^Last four digits of Employee's Social Security Number are required.
Employee Email Ad	aaress:		1 1 1 1		East four argins of Employee social security Hamber are required.
Family Information: to be completed by Employee. Only eligible dependents may be enrolled.					
Family informati					
Dependent 1	Change Type*:	☐ Add ☐ Husband	☐ Term	☐ Update☐ Son ☐ Daughter	☐ Domestic Partner
Last Name*	Relationship*:	☐ Husbana	☐ wile	☐ Son ☐ Daughter	Gender*:
Last Name					Male D Female
				10 11 1	
First Name*			MI Soci	al Security Number	Date of Birth*
Dependent 2	Change Type*:	☐ Add	□ Term	■ Update	
Dependent 2	Relationship*:	☐ Husband	■ Wife	☐ Son ☐ Daughter	☐ Domestic Partner
Last Name*					Gender*:
					☐ Male ☐ Female
First Name*			MI Soci	al Security Number	Date of Birth*
				T. (T) . (T)	
				_	
Dependent 3	Change Type*:	☐ Add	☐ Term	Update	_
·	Relationship*:	☐ Husband		☐ Son ☐ Daughter	☐ Domestic Partner
Last Name*					Gender*:
					☐ Male ☐ Female
First Name*			MI Soci	al Security Number	Date of Birth*
	Change Type*:	☐ Add	☐ Term	☐ Update	
Dependent 4	Relationship*:	☐ Husband		☐ Son ☐ Daughter	☐ Domestic Partner
Last Name*	reiduonsnip :	∟ ⊓usbana	☐ wile	☐ Joh ☐ Daughter	Gender*:
Lust Nulle		1111			T
		1 1 1 1	141	10 " " "	☐ Male ☐ Female
First Name*			MI Soci	al Security Number	Date of Birth*
			\sqcup \sqcup		/ / /
Employee Signatur	e*:				Date*: / /