

## Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections. Required sections are marked with an  $^\star$ .

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
		тпг			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*:		Term U		Member ID:	
Last Name*	L Add L	erin 🗖 O	Juale	Member ID:	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*
Gity					The second of th
Francisco Francis As	Ideas				^Last four digits of Employee's Social Security Number are required.
Employee Email Ad	auress:		1 1 1 1	<del> </del>	East roal argits of Employee social security manifest are required.
Eamily Informati	On, to be completed	by Employee O	alv aligible des	andents may be enrolled	
Family informati				pendents may be enrolled.	
Dependent 1	Change Type*:	☐ Add	☐ Term	Update	Domontio Domino
Last Name*	Relationship*:	☐ Husband	☐ wire	☐ Son ☐ Daughter	☐ Domestic Partner  Gender*:
Last Name					
First Name*			MI Soci	al Security Number	Date of Birth*
			шш		
D 1 + 0	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*
			Ë Ë		
			<u> </u>		
Dependent 3	Change Type*:	Add	☐ Term	Update	_
·	Relationship*:	☐ Husband	☐ Wife	☐ Son ☐ Daughter	☐ Domestic Partner
Last Name*					Gender*:
					☐ Male ☐ Female
First Name*			MI Soci	al Security Number	Date of Birth*
			ПП	TT) - TTT - TTT	/ /
	Change Type*	☐ Add	☐ Term	☐ Update	
Dependent 4	Change Type*:	☐ Husband			☐ Domestic Partner
Last Name*	Relationship*:	<b>∟</b> ⊓usbana	☐ wire	☐ Son ☐ Daughter	Gender*:
Lust Nume					<b>T</b>
				12	☐ Male ☐ Female
First Name*			MI Soci	al Security Number	Date of Birth*
			$\sqcup$ $\sqcup$	<b></b>  -	/ / /
Employee Signatur	e*:				Date*: / /