



# 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\*

Subgroup\*

Location Code

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

## Employee Information: to be completed by Employee

Change Type\*: ☐ Add ☐ Term ☐ Update

Member ID:

Last Name\*

Date of Birth\*

 /  / 

First Name\*

MI

Gender\*

☐ Male ☐ Female

Phone Number

 (  )  - 

Street Address\*

City\*

State\*

Zip Code\*

Social Security Number\*\*

 -  - 

Employee Email Address:

^Last four digits of Employee's Social Security Number are required.

## Family Information: to be completed by Employee. Only eligible dependents may be enrolled.

### Dependent 1

Change Type\*: ☐ Add ☐ Term ☐ Update

Relationship\*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name\*

Gender\*:

☐ Male ☐ Female

First Name\*

MI

Social Security Number

 -  - 

Date of Birth\*

 /  / 

### Dependent 2

Change Type\*: ☐ Add ☐ Term ☐ Update

Relationship\*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name\*

Gender\*:

☐ Male ☐ Female

First Name\*

MI

Social Security Number

 -  - 

Date of Birth\*

 /  / 

### Dependent 3

Change Type\*: ☐ Add ☐ Term ☐ Update

Relationship\*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name\*

Gender\*:

☐ Male ☐ Female

First Name\*

MI

Social Security Number

 -  - 

Date of Birth\*

 /  / 

### Dependent 4

Change Type\*: ☐ Add ☐ Term ☐ Update

Relationship\*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name\*

Gender\*:

☐ Male ☐ Female

First Name\*

MI

Social Security Number

 -  - 

Date of Birth\*

 /  / 

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

Date\*:  /  /

For additional dependents, please complete a second form.