

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*^							
			ш				
Group Number*		Sı	ıbgroup*				^Date set by employer in accordance with EyeMed
			ш				proposal. Employer also sets effective date for new adds
Location Code				_			during contract period.
Employee Information: to be completed by Employee							
-							
Change Type*:	☐ Add ☐ T	erm 🔲 Up	odate		Mem	ber ID:	
Last Name*					_		Date of Birth*
					ш		
First Name*				Gender*	_		Phone Number
			ι	→ Male		Female	()
Street Address*					_		
			\vdash			\square	
			$\Box \Box$				
City*				St	ate*	Zip Code*	Social Security Number* [^]
			$\sqcup \sqcup$	┚┖	ш		
Employee Email Ad	ddress:						^Last four digits of Employee's Social Security Number are required.
Family Informati	ion: to be completed	by Employee. O	nly eligible	e depende	ents ma	y be enrolled.	
Dependent 1	Change Type*:	Add	☐ Terr		Updat		<u>_</u>
-	Relationship*:	☐ Husband	☐ Wif	fe 🔲	Son	☐ Daughter	☐ Domestic Partner
Last Name*							Gender*:
							— Fidle — Female
First Name*			MI S	Social Se	curity I	Number	Date of Birth*
					<u> </u>		/ / /
Dependent 2	Change Type*:	☐ Add	☐ Terr		Updat	te	
	Relationship*:	☐ Husband	☐ Wif	fe 🔲	Son	■ Daughter	☐ Domestic Partner
Last Name*							Gender*:
			<u>ш</u>				☐ Male ☐ Female
First Name*			MI S	Social Se	curity N	Number	Date of Birth*
			шц		J - L		/ /
David 10	Change Type*:	☐ Add	☐ Terr	m 🔲	Updat	te	
Dependent 3	Relationship*:	Husband				☐ Daughter	☐ Domestic Partner
Last Name*	·						Gender*:
							☐ Male ☐ Female
First Name*			MI S	Social Se	curity N	Number	Date of Birth*
] - [-	/ / /
	Change Type*:	☐ Add	☐ Terr	₂	Updat	-Δ	
Dependent 4	Relationship*:	☐ Husband	_			.e Daughter	☐ Domestic Partner
Last Name*	Relationship .	Hasbana		- ⊔	5511	- Padginei	Gender*:
			ПП				☐ Male ☐ Female
First Name*			MI S	Social Se	curity N	Number	Date of Birth*
1.150.110			ΠÌ	1 1		- I	
			<u> </u>				
Employee Signatur	re*:						Date*: / /
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