Enrollment/Change Form

Please print and complete all sections.
See instructions below.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

EMPLOYER INFORMATION: To be Completed by Employer					
Group Number	**Employer Name**	**Location Code**	**Division Code**	**Client Co Code**	**Effective Date**

EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)						
☐ADD ☐TERM ☐CHG	**Sex** ☐ M ☐ F	**Member ID**	**Last Name (Employee or subscriber)**	**First Name**	**M.I.**	**Date of Birth**
Social Security Number	**Home Street Address**			**City/State/Zip**		**Home Phone** ( )

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)						
☐A ☐T ☐C	**Sex** ☐ M ☐ F	**Last Name (spouse)**	**First Name**	**M.I.**	**Date of Birth**	**Social Security Number**
☐A ☐T ☐C	**Sex** ☐ M ☐ F	**Last Name (dependent)**	**First Name**	**M.I.**	**Date of Birth**	**Social Security Number**
☐A ☐T ☐C	**Sex** ☐ M ☐ F	**Last Name (dependent)**	**First Name**	**M.I.**	**Date of Birth**	**Social Security Number**
☐A ☐T ☐C	**Sex** ☐ M ☐ F	**Last Name (dependent)**	**First Name**	**M.I.**	**Date of Birth**	**Social Security Number**
☐A ☐T ☐C	**Sex** ☐ M ☐ F	**Last Name (dependent)**	**First Name**	**M.I.**	**Date of Birth**	**Social Security Number**
☐A ☐T ☐C	**Sex** ☐ M ☐ F	**Last Name (dependent)**	**First Name**	**M.I.**	**Date of Birth**	**Social Security Number**

Employee Signature: ________________________________ Date: ____________________

Instructions:

Employer name: Legal name of the employer.
Group Number: Provided by EyeMed or EyeMed representative.
Location code: Optional field for employers to track multiple locations.
Effective date: Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Family Information: List only eligible family members who are enrolling. Dependent eligibility is the same as employer's health plan.
(A) Add: Open (group) enrollment or new (individual) enrollment during the contract period.
(T) Terminate: To terminate enrollment.
(C) Change: A change of name, employee address or employee phone.