

Enrollment/Change Form

Please print 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* Kandiyohi County				Effective Date*
Group Number* 1013982				*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 Tern	n 🔲 Update	Gender*	
Last Name*			☐ Male ☐ Female	Date of Birth:
First Name*			MI	Phone:
Street Address*				Social Security Number*^
City, State, Zip*				
Employee Email:				^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*: Relationship*:	Add Term Husband Wife	Update Son Daughter	Gender*: Male Female
Last Name*	nelationship .			Date of Birth*:
First Name and N	Middle Initial*			Social Security Number:
Danandant 2	Change Time*			
Dependent 2:	Change Type*: Relationship*:	Add Term Husband Wife	☐ Update☐ Son☐ Daughter	Gender*:
Last Name*				Date of Birth*: Social Security Number:
First Name and Middle Initial*				Social Security Number.
Dependent 3:	Change Type*:	Add Term	Update	
Dependent 3.	Relationship*:	Husband Wife	Son Daughter	Gender*: Male Female
Last Name*				Date of Birth*: Social Security Number:
First Name and Middle Initial*				
Dependent 4:	Change Type*:	Add Term	Update	Gender*:
1 t N1 *	Relationship*:	Husband Wife	Son Daughter	Date of Birth*:
Last Name*				Social Security Number:
First Name and Middle Initial*				
Dependent 5:	Change Type*: Relationship*:	Add Term Husband Wife	Update Son Daughter	Gender*: Male Female
Last Name*	Relationship .			Date of Birth*:
First Name and Middle Initial*				Social Security Number:
Dependent 6:	Change Type*: Relationship*:	Add Term Husband Wife	Update Son Daughter	Gender*:
Last Name*				Date of Birth*: Social Security Number:
First Name and Middle Initial*				Social Security Mulliper.
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Employee Signature*:				Date*: