



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

Group Number* 1013982

Effective Date*

*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

Gender*

Last Name*

Male Female

First Name*

MI

Street Address*

City, State, Zip*

Employee Email:

Date of Birth:

Phone:

Social Security Number*^

^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

Last Name*

First Name and Middle Initial*

Gender*: Male Female

Date of Birth*:

Social Security Number:

Dependent 2: Change Type*: Add Term Update

Relationship*: Husband Wife Son Daughter

Last Name*

First Name and Middle Initial*

Gender*: Male Female

Date of Birth*:

Social Security Number:

Dependent 3: Change Type*: Add Term Update

Relationship*: Husband Wife Son Daughter

Last Name*

First Name and Middle Initial*

Gender*: Male Female

Date of Birth*:

Social Security Number:

Dependent 4: Change Type*: Add Term Update

Relationship*: Husband Wife Son Daughter

Last Name*

First Name and Middle Initial*

Gender*: Male Female

Date of Birth*:

Social Security Number:

Dependent 5: Change Type*: Add Term Update

Relationship*: Husband Wife Son Daughter

Last Name*

First Name and Middle Initial*

Gender*: Male Female

Date of Birth*:

Social Security Number:

Dependent 6: Change Type*: Add Term Update

Relationship*: Husband Wife Son Daughter

Last Name*

First Name and Middle Initial*

Gender*: Male Female

Date of Birth*:

Social Security Number:

Employee Signature*:

Date*: