

Enrollment/Change Form

Please print and complete <u>all</u> sections. See instructions below.

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

EMPLOYER INFORMATION: To be Completed by Employer													
Group			Employer Name			Location Code Divi		ision Code		Client Co Code		Effective Date	
Number			JPW Riggers										
9937269													
EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or pho													
l <u> </u>		Sex			Last Name (Employee		ee	First Name		M.I.	Date of Birth		
					or s	or subscriber)							
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Social Security			Home Street Addr			2000		City/State/Zip		7in		Home Phone	
Number			Home Street Addi			C35		City/State/Zip		z.i.b		()	
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FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate													
C: Change (change of name)													
	Sex		Last Name (spouse))	First Name		M.I.	M.I. Date of Birth		Soc	Social Security	
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$\Box C$	C												
□A			Last Name (dependent)			First Name		M.I.	I.I. Date of Birth				
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	□C □ F												
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ПТ											Nui	nber	
ПС	□ F		Lost Name (donor lest)) First Name		M.I. Date of		CD:l	irth Social Security		
	Sex □ M		Last Name (dependent)			rirst Name		MI.I. Date o		ate of Birtl	Number		
	$\square F$										Nui	liber	
	Sex		Last Name (dependent)			First Name		M.I.	D	ate of Birtl	Soc	ial Security	
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$\Box T \qquad \Box M$			_								Number		
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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.