

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			Prairie Hills S.D. 144									
1003964												
EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)												
□ADD Sex						st Name (Employee		First Name			M.I.	Date of Birth
—		\square M	. or :		or sub	subscriber)						
\square CHG		□F										
<u> </u>								61. (6 /7)				
Social Security			Home Street Addr			ess		City/State/Zip				Home Phone
Number											()	
EAMILY INFORMATION (Order the see clieble ment)												• -
FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate												
C: Change (change of name)												
$\square A$			Last	Name (spouse)	First Name		M.I. Date of		ate of Birth		Social Security	
$\Box T$											Nun	nber
□С	□F					<u> </u>						
$\square A$	Sex		Last Name (dependent)			First Name		M.I.	Da	ate of Birth		al Security
□T	□ M										Nun	nber
С	□F		T 1 N (1 1 N			T1 31			_		~ •	10 1
□A	Sex		Last Name (dependent)			First Name		M.I.	Da	ate of Birth		al Security
											Nun	nber
ПС	□ F		Tank Name (dames dam)			Discont Nigers		M.I. Date of B		CD!l	11. G. 2.1 G	
□A □T	Sex		Last Name (dependent)			First Name		M.I. Date		ate of Birth	of Birth Social Security Number	
	□ M □ F										Nun	nber
	l		Last Name (dependent)			First Name		M.I.	D	ate of Birth	Coo	al Security
□A □T	Sex □ M		Last Name (dependent)			First Name		M.1. D		Nur		
											Nun	
	Sex		Last Name (dependent)		ont)	First Name		M.I. D		ate of Birth Soc		al Security
			Last Name (ucpendent)		ciit)	rirst wante		Wi.i. Da				an Security nber
											11411	
Emplo	Employee Signature:											

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.