



Enrollment/Change Form

Please print in all capital letters 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*	Effective Date**
D r u r y U n i v e r s i t y	/ /
Group Number*	Subgroup*
1 0 1 3 5 3 7 1	0 0 1
Location Code	

**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*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Member ID:
Last Name*	Date of Birth*
First Name* MI Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Street Address*	
City*	State* Zip Code* Social Security Number**
Employee Email Address:	<small>**Last four digits of Employee's Social Security Number are required.</small>

Family Information: to be completed by Employee. Only eligible dependents may be enrolled.

Dependent 1	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name* MI Social Security Number	Date of Birth*	
Dependent 2	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name* MI Social Security Number	Date of Birth*	
Dependent 3	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name* MI Social Security Number	Date of Birth*	
Dependent 4	Change Type*: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update	Relationship*: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Domestic Partner
Last Name*	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name* MI Social Security Number	Date of Birth*	

Employee Signature*: _____

Date*: / /