

## Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections. Required sections are marked with an  $^{\star}$ .

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

Employer Information: to be completed by Employer					
Employer Name*  Effective Date*					
Epic Excavati	ng				
Group Number*		Su	bgroup*		^Date set by employer in accordance with EyeMed
					proposal. Employer also sets effective date for new adds
Location Code					during contract period.
Employee Information: to be completed by Employee					
Change Type*:	Add T	erm 🔲 Ur	odate N	Member ID:	
Last Name*					Date of Birth*
First Name* Phone Number					
☐ Male ☐ Female ( ) -					
Street Address*			indie	<b>—</b> remale (	
Street Address		T T T T		<del></del>	
I <del>I                                     </del>		++++			
City*			State	Zip Code*	Social Security Number*
Employee Email Ac	ldress:				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		pdate	
-	Relationship*:	☐ Husband	☐ Wife ☐ S	Son 🗖 Daughter	☐ Domestic Partner
Last Name*					Gender*:
					Male Female
First Name*			MI Social Secu	rity Number	Date of Birth*
			□ □□□-	·	/ /
	Change Type*:	☐ Add	☐ Term ☐ U	pdate	
Dependent 2	Relationship*:	Husband		Son 🗖 Daughter	☐ Domestic Partner
Last Name*				_ 0	Gender*:
					☐ Male ☐ Female
First Name*			MI Social Secu	rity Number	Date of Birth*
			п пп.		/ / /
Dependent 3	Change Type*:	Add		pdate	
Last Name*	Relationship*:	☐ Husband	☐ Wife ☐ S	Son 🗖 Daughter	☐ Domestic Partner  Gender*:
Last Name					T
=:			M 0 1 10		Male Female
First Name*			MI Social Secu	rity Number	Date of Birth*
				<u> </u>	
Dependent 4	Change Type*:	☐ Add	☐ Term ☐ U	pdate	
Dependent 4	Relationship*:	☐ Husband	☐ Wife ☐ S	Son 🗖 Daughter	☐ Domestic Partner
Last Name*					Gender*:
					☐ Male ☐ Female
First Name*			MI Social Secu	rity Number	Date of Birth*
		$\top$	П ПП.		/ /
Employee Signatur	<b>*</b> .				Date*: / /