

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

Employee Information: to be completed by Employee City' State' Zip Code' Social Socurity Number' Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible dependents may be enrolled. Employee Email Address: Family Information: to be completed by Employee Only eligible depe	Employer Information: to be completed by Employer					
Congress	Employer Name*				Effective Date*^	
Congress						
Employee Information: to be completed by Employee. Only eligible dependents may be enrolled.	Group Number*		Su	ubgroup*		
Employee Information: to be completed by Employee: Change Type*: Gardin				TTT	proposal. Employer also sets	
Employee Information: to be completed by Employee Change Type':	Location Code					
Change Type': Add Term Update Member ID: Date of Birth'	2000 and Code					
Change Type': Add Term Update Member ID: Date of Birth'						
Change Type': Add Term Update Member ID: Date of Birth'						
City State Zip Code Social Security Number Cender Female Cender Cend						
First Name'		L Add L I	erm 🔲 Ur	pdate Member ID:		
Gity' State' Zip Code' Social Security Number' Social Security Number are required. Family Information: to be completed by Employee. Only eligible dependents may be enrolled. Penale Domestic Partner Son Daughter D	Last Name*				Date of Birth*	
Gity' State' Zip Code' Social Security Number' Social Security Number are required. Family Information: to be completed by Employee. Only eligible dependents may be enrolled. Penale Domestic Partner Son Daughter D						
Street Address State Zip Code Social Security Number City State Zip Code Social Security Number Social	First Name*			MI Gender*	Phone Number	
City' State' Zip Code' Social Security Number Social Security				☐ Male ☐ Female	() -	
Change Type*: Add Term Update Social Security Number Domestic Partner Gender*: Gend	Street Address*					
Change Type*: Add Term Update Social Security Number Domestic Partner Gender*: Gend						
Change Type*: Add Term Update Social Security Number Domestic Partner Gender*: Gend	I		++++			
Change Type*: Add Term Update Social Security Number Domestic Partner Gender*: Gend						
Family Information: to be completed by Employee. Only eligible dependents may be enrolled. Dependent 1	City*			State* Zip Code*	Social Security Number*	
Family Information: to be completed by Employee. Only eligible dependents may be enrolled. Dependent 1						
Change Type*: Add Term Update Gender*: Gend	Employee Email Ac	Idress:			^Last four digits of Employee's Social Security Number are required.	
Change Type*: Add Term Update Gender*: Gend						
Change Type*: Add Term Update Gender*: Gend						
Relationship':	Family Informati	on : to be completed l	by Employee. O	nly eligible dependents may be enrolled.		
Relationship': Husband Wife Son Daughter Gender': Male Female	Dependent 1	Change Type*:	☐ Add	☐ Term ☐ Update		
First Name* MI Social Security Number Date of Birth*	Dependent 1	Relationship*:	☐ Husband	☐ Wife ☐ Son ☐ Daughte	er 🔲 Domestic Partner	
First Name* MI Social Security Number Date of Birth*	Last Name*				Gender*:	
First Name* MI Social Security Number Date of Birth*					Male D Female	
Dependent 2	First Name*			MI Social Security Number		
Dependent 2 Relationship':						
Dependent 2 Relationship':						
Relationship*:	Dependent 2	_	_	'	_	
First Name* MI Social Security Number Date of Birth* Dependent 3 Change Type*: Relationship*: Husband Wife Son Daughter Domestic Partner Gender*: Male Female Femal		Relationship*:	☐ Husband	☐ Wife ☐ Son ☐ Daughte		
First Name* MI Social Security Number Date of Birth*	Last Name*				Gender*:	
Dependent 3 Change Type*:					☐ Male ☐ Female	
Dependent 3 Change Type*:	First Name*			MI Social Security Number	Date of Birth*	
Relationship*:					/ /	
Relationship*:		Chango Tyme*		Town Disabete		
Last Name* Male Female	Dependent 3	_	_	·	n Domontio Domino	
Male Female First Name* MI Social Security Number Date of Birth*	Last Namo*	Relationship :	☐ Husbana	□ Wife □ Son □ Daughte		
First Name* MI Social Security Number Date of Birth* Dependent 4 Change Type*:	Last name				_	
Dependent 4 Change Type*:						
Dependent 4 Change Type*:	First Name*			MI Social Security Number	Date of Birth*	
Dependent 4 Relationship*:						
Dependent 4 Relationship*:		Change Type*:	☐ Add	☐ Term ☐ Update		
Last Name* Gender*: Male Female First Name* MI Social Security Number Date of Birth*	Dependent 4	-		•	er 🔲 Domestic Partner	
First Name* MI Social Security Number Date of Birth*	Last Name*	r r				
First Name* MI Social Security Number Date of Birth*						
	First Namo*			MI Social Security Number		
	i ii st ivuille			THE SOCIAL SECURITY NUMBER		
				<u></u>		
	E 0					
	Employee Signatur	O*.			Date*	