



Current Rates

Employee Only	\$8.10
Employee + Spouse	\$13.82
Employee with One Dependent	\$14.54
Employee + 2 or more Dependents	\$21.37

itEASIpayroll.com



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*^	
Group Number*		Sı	ubgroup*		^Date set by employer in	
					accordance with EyeMed proposal. Employer also sets	
Location Code					effective date for new adds during contract period.	
Location code						
Employee Inform	nation: to be comple	ted by Employe	ρ.			
Change Type*:	Add 🔲 T			Member ID:		
Last Name*	L Add L	eriii 🗀 O	Juale	Member ib:	Date of Birth*	
Lust Nume					Date of Bill th	
First Name*			MI Gen		Phone Number	
				Male \square Female	(
Street Address*						
City*				State* Zip Code*	Social Security Number*	
City				Ctate Zip Code	The second secon	
Francis va a Francii A a	Ideas				^Last four digits of Employee's Social Security Number are required.	
Employee Email Ad	aaress:		1 1 1 1		East four argins of Employee social security Hamber are required.	
Eamily Informati	On, to be completed	by Employee O	alv aligible des	pendents may be enrolled.		
Family informati						
Dependent 1	Change Type*:	☐ Add ☐ Husband	☐ Term	☐ Update☐ Son ☐ Daughter	☐ Domestic Partner	
Last Name*	Relationship*:	☐ Husbana	☐ wile	☐ Son ☐ Daughter	Gender*:	
Last Name					Male D Female	
				10 11 1		
First Name*			MI Soci	al Security Number	Date of Birth*	
Dependent 2	Change Type*:	☐ Add	□ Term	■ Update		
Dependent 2	Relationship*:	☐ Husband	■ Wife	☐ Son ☐ Daughter	☐ Domestic Partner	
Last Name*					Gender*:	
					☐ Male ☐ Female	
First Name*			MI Soci	al Security Number	Date of Birth*	
				T. (T) . (T)		
				_		
Dependent 3	Change Type*:	☐ Add	☐ Term	Update	_	
·	Relationship*:	☐ Husband	■ Wife	☐ Son ☐ Daughter	☐ Domestic Partner	
Last Name*					Gender*:	
					☐ Male ☐ Female	
First Name*			MI Soci	al Security Number	Date of Birth*	
	Change Type*:	☐ Add	☐ Term	☐ Update		
Dependent 4	Relationship*:	☐ Husband		☐ Son ☐ Daughter	☐ Domestic Partner	
Last Name*	reiduonsnip :	∟ ⊓usbana	☐ wile	☐ Joh ☐ Daughter	Gender*:	
Lust Nulle		1111			T	
		1 1 1 1	141	10 " " "	☐ Male ☐ Female	
First Name*			MI Soci	al Security Number	Date of Birth*	
			\sqcup \sqcup		/ / /	
Employee Signatur	e*:				Date*: / /	