

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 IN Group			Employer Name		Location Code Divi		sion Code	Client Co	Code	Effective Date	
Number 5000345			Town of Norton			2111					
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Employee Signature:

Date:

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.