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*: Town of Bridgewater

Effective Date*^: ☐☐ / ☐☐ / ☐☐☐☐

^Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

Group Number*:

Subgroup*:

Location Code:

Employee Information: to be completed by Employee

Change Type*: ☐ Add ☐ Term ☐ Update Member ID:

Last Name*:

Date of Birth*: ☐☐ / ☐☐ / ☐☐☐☐

First Name*:

MI:

Gender*: ☐ Male ☐ Female

Phone Number: (☐☐☐) ☐☐☐ - ☐☐☐☐

Street Address*:

City*:

State*:

Zip Code*:

Social Security Number*^: ☐☐☐ - ☐☐ - ☐☐☐☐

^Last four digits of Employee's Social Security Number are required.

Employee Email Address:

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

Dependent 1

Change Type*: ☐ Add ☐ Term ☐ Update

Relationship*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name*:

Gender*: ☐ Male ☐ Female

First Name*:

MI:

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Date of Birth*: ☐☐ / ☐☐ / ☐☐☐☐

Dependent 2

Change Type*: ☐ Add ☐ Term ☐ Update

Relationship*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name*:

Gender*: ☐ Male ☐ Female

First Name*:

MI:

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Date of Birth*: ☐☐ / ☐☐ / ☐☐☐☐

Dependent 3

Change Type*: ☐ Add ☐ Term ☐ Update

Relationship*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name*:

Gender*: ☐ Male ☐ Female

First Name*:

MI:

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Date of Birth*: ☐☐ / ☐☐ / ☐☐☐☐

Dependent 4

Change Type*: ☐ Add ☐ Term ☐ Update

Relationship*: ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Domestic Partner

Last Name*:

Gender*: ☐ Male ☐ Female

First Name*:

MI:

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Date of Birth*: ☐☐ / ☐☐ / ☐☐☐☐

Employee Signature*: _____ Date*: ☐☐ / ☐☐ / ☐☐☐☐

For additional dependents, please complete a second form.