



Enrollment/Change Form

Please print and complete all sections.

See instructions below.

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

EMPLOYER INFORMATION: To be Completed by Employer

Group Number	Employer Name	Effective Date
1005413	State of Delaware	07/01/2017

PENSIONER INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input type="checkbox"/> ADD <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Pensioner ID	Last Name (Pensioner or subscriber)	First Name	M.I.	Date of Birth
Social Security Number	Home Street Address		City/State/Zip		Home Phone ()	

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (pensioner)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth

Pensioner Signature: _____ **Date:** _____

Instructions:

Effective date: Beginning date of coverage.

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 Pensioner name, address or phone

The vision plan is a binding election. Once enrolled, you may not drop coverage during the plan year unless you experience a qualifying event.

Please note: *The enrollment form is for the Pension Office's use only and will not be used for any external purpose.*