



# Vision Enrollment/Change Form

Please print and complete all sections.  
See instructions below.

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

Please check the applicable box or boxes.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Enrollment  | <input type="checkbox"/> Name Change    | <input type="checkbox"/> Change of Dependents |
| <input type="checkbox"/> Coverage Change | <input type="checkbox"/> Address Change | <input type="checkbox"/> Termination          |

Please select who the coverage is for:

- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Individual              | Effective Date:            |
| <input type="checkbox"/> Individual & Spouse     | Group Number: 1005413      |
| <input type="checkbox"/> Individual & Child(ren) | Agency: Office of Pensions |
| <input type="checkbox"/> Family                  |                            |

**NOTE: INCOMPLETE INFORMATION ON THIS FORM WILL DELAY YOUR ENROLLMENT. PLEASE PRINT CLEARLY.**

Pension Employee ID or Social Security Number	Pensioner Name(Last, First Middle Initial)	Date of Birth
Home Address		Home Phone
City	State	Zip Code
		Work Phone

Marital Status

- Single    Married/Civil Union    Widowed    Divorced    Separated

\*Relationship of Spouse applies to Spouse or Civil Union Spouse

\*Relationship of Dependent applies to Dependent(s) and/or Civil Union Dependent(s)

**PLEASE LIST HERE ALL FAMILY MEMBERS TO BE COVERED BY THIS ENROLLMENT**

Last Name	First Name	MI	Gender	Date of Birth	Social Security
Self					
Spouse					
Child	fulltime student <input type="checkbox"/> disabled <input type="checkbox"/>				
Child	fulltime student <input type="checkbox"/> disabled <input type="checkbox"/>				
Child	fulltime student <input type="checkbox"/> disabled <input type="checkbox"/>				

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.*