

Underwritten by Fidelity Security Life Insurance Company of

							Kansas City, Missouri				
EMPLOYER INFORMATION: To be Completed by Employer											
Group Number:						Employe	Employer Name:			Effective Date:	
Materials ONLY 1001162							Scott County				
or Exam and Materials 1001163											
EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)											
□ ADD □ Materials ONI					terials ON	LY	Y				
				or							
CHG Exam and Materials Exam and Materials											
Last Na	me (Emplo	oyee or su	bscriber)	First Name	First Name				Date of Birth	
		Socia	l Security	y Number	Home Street Address			City/State/Zi	-	Home Phone ()	
□ M □ F											
FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate											
C: Change (change of name)											
□A □T	Sex □ M		Last Name (spouse) Fir			First Name	M.I.	Date of Birth	S	Social Security Number	
□С											
□A □T	Sex □ M		Last Name (dependent) Fire			First Name	M.I.	Date of Birth	S	Social Security Number	
□C	D F										
□A □T			Last Name (dependent) Firs			First Name	M.I.	Date of Birth	s	Social Security Number	
		Last Name (dependent) Fir			First Name	M.I.	Date of Birth		ocial Security Number		
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			Last Name (dependent) F		First Name	M.I.	Date of Birth		ocial Security Number		
	\Box M \Box F		Last Manie (dependent)			rnstname	171.1.	Date of Birth		octai Security Number	
	Sex		Last Name (dependent) Fire			First Name	M.I.	Date of Birth	s	ocial Security Number	
□T □C	□ M □ F										
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Emplo	yee	Sign	ature:				_Date:				