

Plan Selected:	<input type="checkbox"/> BRONZE	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM
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Group Name: _____
Employee Enrollment Form

Information (Please print in ink) Policy Number: LM - 100

Name: (Last)	(First)	(Middle Initial)	Social Security Number:	Home Telephone Number:
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Home Address: (Street)	(City)	(State)	(Zip Code)	Email Address:
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Billing Address: (Street)	(City)	(State)	(Zip Code)	Place of Birth:	Date of Birth:
(if different)					/ /

Status: <input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Age:	Work Telephone Number:	Fax Number:
<input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Widowed		()	()

Occupation: (Title and Industry)	Date of Hire:
	/ /

Beneficiary: (Last)	(First)	(Middle Initial)	Relationship:
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Dependent Information (Complete only for Dependents to be covered under this plan)

Dependents Name: (First and Last)	Sex:	Date of Birth:	Social Security Number:	Full-Time Student:
Spouse:		/ /		
Child:		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Attach a separate sheet for additional children)

Dependent Term Life Insurance Yes No Amount \$ _____

You will be the Beneficiary for Dependent Term Life Benefits unless you elect otherwise below.

Beneficiary: Full Name/Relationship: _____

Requested Effective Date:

I request the Company assign my effective date to be the 1st of the month following approval.

Declination of Coverage:

This section must be completed if you are declining coverage for yourself and/or your Dependents. I have been given the opportunity to apply for group insurance provided through Fidelity Security Life Insurance Company. The reason I am not applying for coverage is: _____.

I understand the Effective Date of Coverage for myself and/or my Dependents may not be available until the next Open Enrollment Period should I desire to apply at a later date unless I am not included as a Late Entrant as defined in the Policy, or unless I apply for coverage during the Annual Open Enrollment Period.

FIDELITY SECURITY LIFE INSURANCE COMPANY
 Kansas City, Missouri 64111

Coverage (check one): Employee Only Employee and Spouse
 Employee and Child(ren) Family

I have reviewed this form and represent the information provided is true and complete.

I hereby represent that I have reviewed the fraud warning notice (if applicable) included with this application for my state of residence.

Dated at _____ on the _____ day of _____, 20____.
City State Month Year

Signature (Parent if under age 18)

Date

Mode of Payment (**Payroll Deduction**): Monthly Semi-Monthly Bi-Weekly Weekly

FRAUD WARNING NOTICE

For residents of all states (except the following)}	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Nebraska	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Pennsylvania	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.