



UNIVERSITY OF IOWA EMPLOYEES

ENROLLMENT/CHANGE FORM

Please print and complete all sections. See instructions below.

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

FOR BEST RESULTS: Download this pdf and complete by using Adobe Acrobat Reader.

EMPLOYER INFORMATION:

Group Number 60790-1232 | Plan Number 963NC | University of Iowa Employees | University of Iowa Voluntary Vision Plan

Effective Date \_\_\_\_\_ Other \_\_\_\_\_

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

Employee information form with fields for Sex, Last Name, First Name, M.I., Date of Birth, Date of Hire, University ID Number, Social Security #, Home Phone, Home Street Address, City, State, Zip.

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

Family information form with multiple rows for spouse and dependents, each with fields for Sex, Last Name, First Name, M.I., and Date of Birth.

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

INSTRUCTIONS:

Employer name: Legal name of the employer.

Group Number: Provided by carrier.

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

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 name, employee address or employee phone.

YOUR AUTHORIZATION:

I authorize vision plan payroll deduction for:

Table with 2 columns: Description and Amount. Rows include Per Employee only per month (\$9.82), Per Employee + spouse per month (\$18.50), Per Employee + child(ren) per month (\$19.02), and Per Employee + family per month (\$27.24).

SEND FORM TO:

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