

Insurance Application Information

Full-time employees (those who are scheduled to work at least 30 hours per week for the entire school year) are eligible for health, dental and/or vision insurance. Applications for insurance benefits may be submitted by eligible employees:

- 1. upon being hired by the District;
- 2. during the annual open enrollment window (mid-November through early December);
- 3. within 30 days of a qualifying event (i.e., birth of a child, marriage, divorce, etc.).

Original completed application must be received by the payroll department in a timely manner.

Please direct questions to the Payroll/Benefits Office at extension 6113.



Enrollment/Change Form

Please print in all capital letters using blue or black ink. Please complete all sections. Required sections are marked with an *.

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

Employer Information: to be completed by Employer					
Employer Name*					Effective Date*^
CEDARB	URGS	CHOOL		STRICT	
Group Number*	endurentalieronendurentelleerrendurentellee	Sı	ubgroup*		^Date set by employer in accordance with EyeMed
102571	6		0 0 1		proposal. Employer also sets effective date for new adds
Location Code					during contract period.
Employee Information: to be completed by Employee					
Change Type*:	Add I	erm U	odate	Member ID:	
Last Name*					Date of Birth*
First Name*		and the same of a substantial party of the sub	MI Gen	der*	Phone Number
In our car No con .				Male Female	(Ene) a lone -
Street Address*			and the same of th		7
		1 1 120			
City*		mahamadaan daamadaan		State* Zip Code*	Social Security Number*
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Employee Email A	ddress		January I	beaucalinacial baseachescelerescelerescele	^Last four digits of Employee's Social Security Number are required.
Employee Email A	duress.	TITI	TITT	TITITITI	
To a second No. As a Map of the					
Family Informat	ion: to be completed	by Employee O	nly eligible de	pendents may be enrolled.	
	Change Type*:	☐ Add	Term	Update	
Dependent 1	Relationship*:	Husband	Wife	Son Daughter	☐ Domestic Partner
Last Name*				The second of th	Gender*:
		TITI			☐ Male ☐ Female
First Name*	adament anaratament anaratament an	and a considerate and a considerate and a	MI Soci	al Security Number	Date of Birth*
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Dependent 2	Change Type*:	Add	☐ Term	Update	
Last Name *	Relationship*:	Husband	☐ Wife	☐ Son ☐ Daughter	Domestic Partner
Last Name*		TITT	TTTT		Gender*:
					Male Female
First Name*			MI Soci	al Security Number	Date of Birth*
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Dependent 3	Change Type*:	Add	Term	Update	
Dependent 3	Relationship*:	Husband	☐ Wife	☐ Son ☐ Daughter	Domestic Partner
Last Name*					Gender*:
					☐ Male ☐ Female
First Name*			MI Soci	al Security Number	Date of Birth*
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The second of	Change Type*:	☐ Add	☐ Term	Update	
Dependent 4	Relationship*:	Husband	E TO A STORY	☐ Son ☐ Daughter	☐ Domestic Partner
Last Name*	Relationship.	rasbana	wile	□ oon □ baaginter	Gender*:
	TITTE		TT TT		Male Female
First Name*			MI Soci	al Security Number	Date of Birth*
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I hereby represent that I have reviewed the fraud warning notice on the reverse side of this application for the Employee's resident state.					
Employee Signatur	re*:				Date*: / /