

**FIDELITY SECURITY LIFE
INSURANCE COMPANY**
Kansas City, Missouri

SISLink™

Administered by:
Special Insurance Services, Inc.
6509 Windcrest Drive, Suite 200
Plano, Texas 75024

APPLICANT INFORMATION:

Name (last, first, middle)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Age	Date of Birth (mm/dd/yy)	Social Security Number	Home Phone #	
Street Address			Work Phone #	
City		State	Zip Code	
Employer		Occupation	Date of Hire	
Coverage Selected: <input type="checkbox"/> Employee Only (EO) <input type="checkbox"/> Employee & Spouse (ES) <input type="checkbox"/> Employee & Child (EC) <input type="checkbox"/> Employee & Family (EF)				
Plan Selected:		Monthly Premium:	Requested Effective Date of Coverage/Change:	
Plan I: \$ _____		Plan I: \$ _____		
Plan II: \$ _____		Plan II: \$ _____		

DEPENDENT INFORMATION (complete only if ES, EC, or EF coverage is selected):

	Name (last, first, middle)	Birth Date	Sex	Social Security #
Spouse				
Child				
Child				
Child				

I hereby: **ENROLL**, or **CHANGE** as indicated above, for this group insurance coverage for which I am eligible. I authorize my Employer to deduct my contributions, if any, from my salary or wages, and to remit that amount to Fidelity Security Life Insurance Company. I request that this authorization remain in effect until such time as I withdraw it by giving written notice prior to the next premium due date. I understand and acknowledge: That no coverage will take effect for any person to be covered who is not also covered by a Major Medical/Comprehensive Policy including Coinsurance and Deductible, in force at the time of my proposed Effective Date for this coverage. That I am either currently covered under a Major Medical/Comprehensive coverage with this Employer or have enrolled for Major Medical/Comprehensive coverage with this Employer. That the coverage for which I am applying may contain Pre-Existing Limitations.

NOTICE: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud.

Applicant's Signature

Date

Agent's Signature (where applicable by law)