CITIZENS SECURITY LIFE INSURANCE COMPANY
P.O. BOX 436149 • LOUISVILLE, KENTUCKY 40253-6149
www.citizensgroup.com
800.843.7752

GROUP EMPLOYEE ENROLLMENT FORM

ENROLLMENT TYPE

☐ New Applicant
☐ Change in Coverage

COVERAGES REQUESTED

☐ Dental	Dual Choice:	☐ High Option ☐ Low Option
☐ Vision		

FOR CITIZENS SECURITY USE ONLY

Group#:	Acct#:
Effective Date:	Waiting Period:
Dental Plan:	Dental Prem.:
Vision Plan:	Vision Prem.:
Takeover: ☐ YES ☐ NO	Date: / /
PID	

APPLICANT INFORMATION

Last Name:	First Name:	M.I.:	Social Security #:
Address:			
City:	State:	Zip Code:	Phone #: ( ) -
Sex: ☐ Male ☐ Female	Date of Birth: / /	Age:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

PLAN INFORMATION

Coverage Type: ☐ Employee ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Family

Employer:	Location:	Phone #: ( ) -
Occupation / Title:	Hours Worked Per Week:	Full Time Employment Date: / /

DEPENDENT INFORMATION

All information must be completed for each dependent(s) to be covered. Select what coverage you want for each dependent(s) by placing a "Y" for Yes or "N" for No under the Dental and Vision columns. *(Child(ren) Ages 19-25 must attend school full-time)*

Name	Relation	Date of Birth	Sex (M/F)	Dental (Y/N)	Vision (Y/N)	Full-Time Student (Y/N)	If covered under another Dental Policy list the carrier

AUTHORIZATION

I hereby request coverage under the group policy(ies) issued by CITIZENS SECURITY LIFE INSURANCE COMPANY and authorize my employer to deduct from my earnings any required contribution for the insurance to which I am or may become entitled. I am employed by the employer listed above and regularly work and, at present I am working at least 30 hours per week for this employer at a regular place of business or other location to which I am required to travel to perform my regular duties for this employer. I hereby declare that all answers above are true and complete to the best of my knowledge and belief.

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.

Applicant's Signature:	Date: