

**CITIZENS SECURITY LIFE INSURANCE COMPANY**

12910 Shelbyville Road Ste. 300

Louisville, KY 40243

**Commonwealth of Kentucky  
Employee Vision Application 2024  
Wage Types# 5721**

PLEASE COMPLETE THE FOLLOWING INFORMATION:					
Social Security #:		Last Name:		First Name:	
				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:					
City:		State:	Zip Code:	Phone #: ( ) -	
E-Mail Address:		Date of Birth: / /	Age:	Business Phone #: ( ) -	Ext #:
DEPENDENT INFORMATION					
NAME:	FIRST	M.I.	LAST	GENDER	DATE OF BIRTH
SPOUSE:				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
PLAN INFORMATION					
Number of Dependents:		KY Group #:		Fax Number:	
				Payroll Clerk:	
				1 <sup>st</sup> Payroll Deduction:	
Company Name: Commonwealth of KY		Group Number:		Agent Number:	
Dept. Name:		20108 Acct: 1003		A73157864	
				Policy Effective Date: /01/2024	
PLEASE CHOOSE YOUR VISION COVERAGE FOR THE 12 MONTH BENEFIT PERIOD					
<input type="checkbox"/> Single \$ 8.10 <input type="checkbox"/> Employee + 1 \$ 17.30 <input type="checkbox"/> Employee + Family \$ 22.43					
PLEASE CHECK PAYROLL DEDUCTION FOR CORRECT DEDUCTIONS.					
SEND TO: DENNIS KROL INSURANCE			CALL: 800.467.5765 OR 502.875.3477		
PO BOX 1818			FAX: 502.875.3615		
FRANKFORT, KY 40602-1818			EMAIL: <a href="mailto:krolinsurance@bellsouth.net">krolinsurance@bellsouth.net</a>		
<a href="http://www.denniskrolinsurance.com">www.denniskrolinsurance.com</a>					
AUTHORIZATION					
<p>I hereby request coverage under the group policy(ies) issued by CITIZENS SECURITY LIFE INSURANCE COMPANY of Louisville 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 represent that all answers above are true and complete to the best of my knowledge and belief.</p> <p><i>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.</i></p>					
Applicant's Signature:					Date: