

Member Information

First Name

Melissa

Last Name

Harrison

Phone Number

(601) 942-0293

Email

mel202@rcsd.ms

School Location

Rankin Co School Distric

Social Security Number

425-39-2699

Date of Birth

01/24/1967

Gender

Male

Female

Mailing Address

1333 White Rd

Florence

Mississippi

39073

Coverage Level

Employee and Spouse (\$17.95)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Harrison, James M

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

child

Male

Female

09/12/1996

Last Name, First Name

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Male

Female

Riders & Disclaimers

I hereby apply for group insurance for which I am eligible or may become eligible. If contributions are required, I hereby authorize my employer to payroll deduct those contributions from my salary. I am signing up for group insurance until the next enrollment period except in the case of a life event.

Signature Block

Your Signature

Melissa D. Harrison

Date Signed

09/22/2021

Additional Dependents

Last Name, First Name

Superior Vision

- Add
- Drop
- Change

Relationship

Gender

- Male
- Female

Date of Birth

Last Name, First Name

Superior Vision

- Add
- Drop
- Change

Relationship

Gender

- Male
- Female

Date of Birth

Last Name, First Name

Superior Vision

- Add
- Drop
- Change

Relationship

Gender

- Male
- Female

Date of Birth