

Member Information

First Name

Grcich

Last Name

Leigh Anne

Phone Number

(601) 497-4353

Email

leighanne.foster@gmail.com

School Location

Highland Bluff

Social Security Number

254692717

Date of Birth

08/25/1983

Gender

Male

Female

Mailing Address

108 fairchild Cove

Canton

Mississippi

39046

Coverage Level

Employee Only (\$9.12)

I wish to cancel my coverage.



Dependent Coverage Information

Last Name, First Name

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Male

Female

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

leighanne grcich

Date Signed

09/30/2021

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