

Member Information

First Name

Matt

Last Name

Fortenberry

Phone Number

(601) 506-9671

Email

mfortenberry1033@att.net

School Location

Maintenance

Social Security Number

427475344

Date of Birth

09/24/1980

Gender

Male

Female

Mailing Address

251 wilson bates rd

Morton

39117

Coverage Level

Employee and Family (\$26.72)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Fortenberry, Elizabeth

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Daughter

Male

Female

02/11/2005

Last Name, First Name

Fortenberry, Katherine

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Daughter

Male

Female

07/07/2008

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

Matt Fortenberry

Date Signed

09/27/2021

Additional Dependents

Last Name, First Name

Fotenberry, William

Superior Vision

- Add
- Drop
- Change

Relationship

Son

Gender

- Male
- Female

Date of Birth

06/25/2010

Last Name, First Name

Fortenberry, Candice

Superior Vision

- Add
- Drop
- Change

Relationship

Wife

Gender

- Male
- Female

Date of Birth

02/18/1986

Last Name, First Name

Superior Vision

- Add
- Drop
- Change

Relationship

Gender

- Male
- Female

Date of Birth