

Member Information

First Name

Debbie

Last Name

Holliday

Phone Number

(601) 672-0432

Email

debbie.holliday@rcsd.ms

School Location

Pisgah Elementary

Social Security Number

426256495

Date of Birth

08/18/1975

Gender

Male

Female

Mailing Address

929 Old Hwy 43 N

Pelahatchie

Mississippi

39145

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

Debbie Holliday

Date Signed

09/09/2021

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