

Member Information

First Name

Stacy

Last Name

Burgess

Phone Number

(601) 906-5179

Email

stacy.burgess@rcsd.ms

School Location

Oakdale Elementary

Social Security Number

428294647

Date of Birth

12/03/1973

Gender

Male

Female

Mailing Address

419 Springhill Pt

Brandon

Mississippi

39047

Coverage Level

Employee and Children (\$17.61)

I wish to cancel my coverage.



Dependent Coverage Information

Last Name, First Name

Burgess, Stacy

Superior Vision

Relationship

Gender

Date of Birth

Add

Male

Drop

Female

Change

Last Name, First Name

Superior Vision

Relationship

Gender

Date of Birth

Add

Male

Drop

Female

Change

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

Stacy Burgess

Date Signed

09/21/2021

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