

Member Information

First Name

Jeremy

Last Name

Allen

Phone Number

(601) 926-8202

Email

lostsheep66486@aol.com

School Location

Rackin county school location / Brandon

Social Security Number

587559381

Date of Birth

01/19/1982

Gender

Male

Female

Mailing Address

223 Trace dr

Pearl

Mississippi

39208

Coverage Level

Employee and Family (\$26.72)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Allen, Allison

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Wife

Male

Female

10/23/1983

Last Name, First Name

Allen, Dakota

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Son

Male

Female

02/10/2006

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

Jeremy Allen

Date Signed

09/21/2021

Additional Dependents

Last Name, First Name

Allen, Dustin

Superior Vision

- Add
- Drop
- Change

Relationship

Son

Gender

- Male
- Female

Date of Birth

05/20/2007

Last Name, First Name

Allen, Jeremy Jr

Superior Vision

- Add
- Drop
- Change

Relationship

Son

Gender

- Male
- Female

Date of Birth

02/23/2009

Last Name, First Name

Allen, Trinity

Superior Vision

- Add
- Drop
- Change

Relationship

Daughter

Gender

- Male
- Female

Date of Birth

06/10/2015