

Member Information

First Name

Je'Lisa

Last Name

Davis

Phone Number

(601) 826-3070

Email

jelisa.davis@rcsd.ms

School Location

Richland Elementary School

Social Security Number

427695268

Date of Birth

06/26/1990

Gender

Male

Female

Mailing Address

608 Cedar Springs Drive

Jackson

Mississippi

39212

Coverage Level

Employee and Children (\$17.61)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Johnson, Camryn

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

son

Male

Female

07/01/2014

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

Je'Lisa Davis

Date Signed

09/06/2021

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