

# Member Information

First Name

Kristina

Last Name

Bailey

Phone Number

(601) 559-4661

Email

kri203@rcsd.ms

School Location

Learning Center

Social Security Number

428-53-5557

Date of Birth

07/17/1977

Gender

Male

Female

Mailing Address

1290 West Government Street

R141

Brandon

Mississippi

39042

Coverage Level

Employee and Family (\$26.72)

I wish to cancel my coverage.

## Dependent Coverage Information

Last Name, First Name

Bailey, Richard

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Spouse

Male

Female

05/04/1968

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

*Kristina Bailey*

Date Signed

09/30/2021

# 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