Member Information First Name Last Name Bartling lessica Phone Number **Email** (601) 382-2565 ibartling@rcsd.ms School Location Brandon High School Gender Date of Birth Social Security Number Male 426494810 02/13/1978 Female **Mailing Address** 101 Bella Vista Drive Brandon Mississippi 39042 Coverage Level I wish to cancel my coverage. Employee Only (\$9.12) **Dependent Coverage Information** Last Name, First Name Gender Relationship Date of Birth **Superior Vision**) Male Add **Female** Drop Change Last Name, First Name Gender Date of Birth Relationship **Superior Vision** Male Add **Female** Drop Change **Riders & Disclaimers** Signature Block I hereby apply for group insurance for which I am eligible or may become eligible. If contributions are Your Signature Jessica Bartling 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.

Date Signed 09/27/2021

Additional Dependents

Last Name, First Name			
Superior Vision	Relationship	Gender	Date of Birth
Add Orop Change		○ Male ○ Female	
Last Name, First Name			
Superior Vision Add Drop Change	Relationship	Gender	Date of Birth
Last Name, First Name			
Superior Vision Add Drop Change	Relationship	Gender	Date of Birth