

Member Information

First Name

Jordan

Last Name

Harvey

Phone Number

(228) 234-0852

Email

baileyharvey07@gmail.com

School Location

Rankin County School District

Social Security Number

587-75-9108

Date of Birth

12/20/1992

Gender

Male

Female

Mailing Address

404 Sandstone Ridge

Brandon

Mississippi

39047

Coverage Level

Employee and Children (\$17.61)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Taylor, Parker

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Child

Male

Female

06/21/2021

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

Jordan Harvey

Date Signed

09/26/2021

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