

# Member Information

First Name

Brittany

Last Name

Pinter

Phone Number

(601) 720-2838

Email

bri518@rcsd.ms

School Location

Steen's Creek Elementary

Social Security Number

425795610

Date of Birth

01/26/1995

Gender

Male

Female

Mailing Address

426 Gretna Street

Pearl

Mississippi

39208

Coverage Level

Employee and Spouse (\$17.95)

I wish to cancel my coverage.

## Dependent Coverage Information

Last Name, First Name

Pinter, Collin

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Husband

Male

Female

10/06/1993

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

*Brittany Pinter*

Date Signed

09/21/2021

# 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