

Member Information

First Name

Angela

Last Name

Houston

Phone Number

(601) 951-6945

Email

angela.houston@rcsd.ms

School Location

Northshore Elementary School

Social Security Number

439630077

Date of Birth

07/31/1978

Gender

Male

Female

Mailing Address

319 Kitty Hawk Circle

Brandon

Mississippi

39047

Coverage Level

Employee Only (\$9.12)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Male

Female

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

Angela Houston

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