

Member Information

First Name

Shelia

Last Name

Williams

Phone Number

(601) 715-0562

Email

shannonk.williams@rcsd.ms

School Location

Richland Upper

Social Security Number

587-08-8877

Date of Birth

03/14/1959

Gender

Male

Female

Mailing Address

139 Hazel Drive

Florence

Mississippi

39073

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

Shelia Williams

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