

Member Information

First Name

Theresa

Last Name

Croxton

Phone Number

(601) 668-1069

Email

theresa.croxton@rcsd.ms

School Location

Richland Elementary

Social Security Number

587-21-2057

Date of Birth

10/12/1961

Gender

Male

Female

Mailing Address

318 Shiloh Road

Brandon

Mississippi

39042

Coverage Level

Select Your Level of Coverage

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

Theresa Croxton

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