

Member Information

First Name

Crystal

Last Name

Creel

Phone Number

(601) 940-9321

Email

ccreel@rcsd.ms

School Location

District Office Pleasant Street Campus Data Management

Social Security Number

436334479

Date of Birth

05/24/1965

Gender

Male

Female

Mailing Address

PO Box 828

Brandon

Mississippi

39043

Coverage Level

Employee and Spouse (\$17.95)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Creel, Edward

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

spouse

Male

Female

08/17/1965

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

Crystal Creel

Date Signed

09/17/2021

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