

Member Information

First Name

Linda

Last Name

Rutherford

Phone Number

(601) 278-4793

Email

rutherford.linda@yahoo.com

School Location

Rankin County school

Social Security Number

426239310

Date of Birth

07/03/1968

Gender

Male

Female

Mailing Address

915 Cato rd

Mendenhall

Mississippi

39114

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

Male

Drop

Female

Change

Last Name, First Name

Superior Vision

Relationship

Gender

Date of Birth

Add

Male

Drop

Female

Change

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

Linda Rutherford

Date Signed

09/29/2021

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