

Member Information

First Name

Malorie

Last Name

Aldridge

Phone Number

(601) 573-0763

Email

mal502@rcsd.ms

School Location

HBE

Social Security Number

587557859

Date of Birth

09/25/1986

Gender

Male

Female

Mailing Address

831 Bryce Street

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

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

Malorie H Aldridge

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