

Member Information

First Name

Mack

Last Name

Shannon

Phone Number

(601) 927-0884

Email

mshannonjr@yahoo.com

School Location

RCSD Bus Shop

Social Security Number

428-45-8284

Date of Birth

11/15/1967

Gender

Male

Female

Mailing Address

124 Oakdale St.

Florence

Mississippi

39073

Coverage Level

Employee and Spouse (\$17.95)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

Andrea Shannon

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

wife

Male

Female

02/24/1969

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

mack shannon

Date Signed

09/08/2021

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