

Member Information

First Name

Levety

Last Name

Wyndham

Phone Number

(601) 955-8729

Email

lev500@rcsd.ms

School Location

Pisgah Elementary

Social Security Number

426-55-9453

Date of Birth

07/29/1979

Gender

Male

Female

Mailing Address

104 Long Meadow Road

Brandon

Mississippi

39042

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

Levety Wyndham

Date Signed

09/15/2021

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