

Member Information

First Name

Janine

Last Name

David

Phone Number

(601) 212-8904

Email

davidj@rcsd.ms

School Location

RHS

Social Security Number

581-73-4912

Date of Birth

11/25/1965

Gender

Male

Female

Mailing Address

129 Windchase Dr.

Brandon

Mississippi

39042

Coverage Level

Employee and Children (\$17.61)

I wish to cancel my coverage.

Dependent Coverage Information

Last Name, First Name

David, Sarah

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Daughter

Male

Female

12/07/1997

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

J David

Date Signed

09/28/2021

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