

# Member Information

First Name

Betty

Last Name

Neely Morrow

Phone Number

(601) 502-5975

Email

Kathleen010332@yahoo.com

School Location

McLaurin High

Social Security Number

428-47-6567

Date of Birth

01/03/1978

Gender

Male

Female

Mailing Address

3753 Cato Rd

Braxton

Mississippi

39044

Coverage Level

Select Your Level of Coverage

I wish to cancel my coverage.



## Dependent Coverage Information

Last Name, First Name

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Male

Female

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

Betty Kathleen Neely Morrow

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