

# Member Information

First Name

Marjorie

Last Name

Renfrow

Phone Number

(601) 927-3764

Email

liz.renfrow@rcsd.ms

School Location

Brandon Middle School

Social Security Number

428574315

Date of Birth

06/01/1981

Gender

Male

Female

Mailing Address

340 Kimberly Ave

Brandon

Mississippi

39042

Coverage Level

Employee and Spouse (\$17.95)

I wish to cancel my coverage.

## Dependent Coverage Information

Last Name, First Name

Renfrow, Brian Daniel

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

Spouse

Male

Female

03/31/1976

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

Marjorie E. Renfrow

Date Signed

09/21/2021

# 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