

# Member Information

First Name

Seth

Last Name

Shannon

Phone Number

(601) 720-9895

Email

sethmshannon1@gmail.com

School Location

Bus Shop

Social Security Number

428792342

Date of Birth

08/30/1995

Gender

Male

Female

Mailing Address

124 Oakdale St

Florence

Mississippi

39073

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

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

Seth Shannon

Date Signed

09/16/2021

# 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