

# Member Information

First Name

Carrie

Last Name

Waller

Phone Number

(601) 323-7082

Email

carrie.waller@rcsd.ms

School Location

Northwest rankin elementary

Social Security Number

587436921

Date of Birth

02/08/1982

Gender

Male

Female

Mailing Address

529 Greenhead Cir

BRANDON

Mississippi

39047

Coverage Level

Employee and Children (\$17.61)

I wish to cancel my coverage.

## Dependent Coverage Information

Last Name, First Name

Waller, William

Superior Vision

Relationship

Gender

Date of Birth

Add

Drop

Change

child

Male

Female

06/22/2013

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

Carrie B Waller

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