

# Member Information

First Name

Christina

Last Name

Rowland

Phone Number

(769) 798-1441

Email

Christy.rowland@rcsd.ms

School Location

Stonebridge Elementary

Social Security Number

427-37-4398

Date of Birth

05/20/1979

Gender

Male

Female

Mailing Address

458 Edgewood Crossing

Brandon

Mississippi

39042

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

Christina Rowland

Date Signed

09/24/2021

# 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