



Illinois: Application for Student Accident Insurance

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

☐ MALE ☐ FEMALE

DATE OF BIRTH ____/____/____
(Month/Day/Year)

STREET ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT**

All statements made on this application are true and complete to the best of my knowledge and belief.

PARENT'S SIGNATURE _____

TODAY'S DATE _____

NAME OF SCHOOL DISTRICT _____

SCHOOL NAME _____ GRADE _____

Please select the policy desired:

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY Premium Cost Per Year

A. SCHOOL TIME
ONLY POLICY

B. 24-HOUR 'ROUND
THE CLOCK' POLICY

Students

Grades Pre K-12 ☐ \$ 17.00 ☐ \$80.00

PLEASE DO NOT SEND CASH.

Only Checks and Money Orders will be accepted.

☐ I enclose \$ _____ Total Premium

Mail this form and the appropriate premium to: **RPS Bollinger, PO Box 1515, Morristown, NJ 07962.** Your canceled check is your receipt.