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New Jersey: Enrollment 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 enrollment form are true and complete to the best of my knowledge and belief.
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NJ-GTL-INCL

_____
NAME OF SCHOOL DISTRICT

_____
SCHOOL NAME   GRADE

Please select the desired plan:

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN		
Premium Cost Per Year		
	A. SCHOOL-TIME PLAN	B. 24-HOUR PLAN
Students Grades Pre-K-12	☐ $123.00	☐ $212.00

PLEASE DO NOT SEND CASH.
ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED.

☐   **I enclose $_____ Total Premium**

_____
PARENT'S SIGNATURE   TODAY'S DATE

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