



# Pennsylvania: 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 knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to criminal and civil penalties.

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	<input type="checkbox"/> \$67.00	<input type="checkbox"/> \$144.00

**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: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.