



South Carolina: 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 injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud 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

☐ \$62.00

☐ \$132.00

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.