



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.