



# 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:*

<b>SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN</b>	
Premium Cost Per Year	
<b>24-HOUR PLAN</b>	
Students _____	
Grades Pre-K-12 <input type="checkbox"/> \$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: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.