



# New Jersey: Application 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 application are true and complete to the best of my knowledge and belief.

PARENT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME OF SCHOOL DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Please select the policy desired.

### SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY

Premium Cost Per Year

	A. SCHOOL TIME ONLY POLICY	B. 24-HOUR 'ROUND THE CLOCK' POLICY
Students Grades K-12	<input type="checkbox"/> \$52.00	<input type="checkbox"/> \$112.00

**PLEASE DO NOT SEND CASH.**

Only Checks and Money Orders will be accepted.

I enclose \$ \_\_\_\_\_ Total Premium