



# 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.

<b>SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY</b>	
Premium Cost Per Year	
<b>24-HOUR 'ROUND THE CLOCK POLICY</b>	
Students	_____
Grades K-12	<input type="checkbox"/> \$92.00

**PLEASE DO NOT SEND CASH.**

Only Checks and Money Orders will be accepted.

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