



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 plan desired.

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN
Premium Cost Per Year

**24-HOUR 'ROUND
THE CLOCK' PLAN**

Students _____
Grades K-12 \$92.00

I enclose \$ _____ Total Premium