



## Missouri: 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(s) desired

### SCHOOL SPONORED STUDENT ACCIDENT INSURANCE POLICY

#### Premium Cost Per Year

	A. SCHOOL TIME ONLY POLICY	B. 24-HOUR 'ROUND THE CLOCK' POLICY
Students Grades Pre K-12	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$88.00
Football Only Plan	<input type="checkbox"/> \$128.00	

**PLEASE DO NOT SEND CASH.**

Only Checks and Money Orders will be accepted.

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

Mail this form and the appropriate premium to: **RPS Bollinger, PO Box 1515, Morristown, NJ 07962.** Your canceled check is your receipt.