



Pennsylvania: 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 defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to criminal and civil penalties.

NAME OF SCHOOL DISTRICT _____

SCHOOL NAME _____ GRADE _____

Please select the desired plan:

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN Premium Cost Per Year

A. SCHOOL-TIME PLAN

B. 24-HOUR PLAN

Students

Grades Pre-K-12 ☐ \$67.00

☐ \$144.00

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: **RPS Bollinger, PO Box 1515, Morristown, NJ 07962.** Your canceled check is your receipt.