



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 plan(s) desired:

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN		
Premium Cost Per Year		
	A. SCHOOL-TIME PLAN	B. 24-HOUR PLAN
Students		
Grades Pre-K-12	\$96.00	\$166.00
FOOTBALL ONLY PLAN		\$250.00
Grades 6 - 12		

**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.