

2022-2023 VOLUNTARY STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

(Not Available in AR, ID, MD, MT, NH, NY, SD, TX, WA)

Student's Last Name:		Student's Date of Birth:		
Student's First Name:	MI:	Telephone Number:		
Grade:				
Address:				
Street	City	State	Zip	
Jame f School District:	Name of Schoo	l Campus:		
(Required to Process)				
ignature f Parent or Guardian:	Date:	E-mail Address:		
PLEASE CHI	ECK YOUR SELI	ECTION BELOW:		
COVERAGE PLANS		LOW OPTION	HIGH OPTION	
24-Hour		\$ 86.65	\$132.65	
24-Hour Summer Only		□ \$ 22.45	□ \$ 35.30	
At School		□ \$ 21.40	□ \$ 31.00	
High School Football		□ \$147.65	□ \$230.05	
Spring High School Football		□ \$ 58.85	□ \$ 92.00	
Extended Dental		□ \$ 9.65	□ \$ 9.65	
COMPANY USE ONLY: Check #		Enclose check for total amount payable to: RPS Bollinger		
Amount Rec'd		TOTAL All Selections HERE: \$		

Once completed, mail this form to:

RPS Bollinger Specialty Group PO Box 1515 Morristown, NJ 07962

Accident Coverage underwritten by: Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175