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 policy desired.

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY
Premium Cost Per Year

24-HOUR 'ROUND THE CLOCK POLICY

Students Grades Pre K-12 ☐ $92.00

PLEASE DO NOT SEND CASH.
Only Checks and Money Orders will be accepted.

☐ **I enclose $_____ Total Premium**

NJ-RTC

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