



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

Fraud Warning

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 policy desired.

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY

Premium Cost Per Year

**A. SCHOOL-TIME
POLICY**

**B. 24-HOUR
POLICY**

Students _____

Grades Pre-K-12

☐ \$ 40.00

☐ \$144.00

PLEASE DO NOT SEND CASH.

Only Checks and Money Orders will be accepted.



I enclose \$ _____ Total Premium

All statements made on this enrollment form are true and complete to the best of my knowledge and belief.

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.