

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

2024-2025 SCHOOL YEAR

ENROLLMENT INSTRUCTIONS

- Fill out this enrollment form completely.
- Make your check or money order payable to Bob McCloskey Insurance. Be sure to write your child's name on the check. DO NOT send cash.
- Place this form and your payment into an envelope and mail to the address below.
- Keep your cancelled check or money order receipt as proof of payment.
- Keep the summary document in your records as a description of coverage.
- Print and keep the Student Insurance ID Card.

School System: _____

School Name: _____

Student Last Name: _____

Student First Name: _____

Student Date of Birth (mo/day/year) / / Sex: M F

Student Home Phone: ()

Student Address: _____

Street

City

State

Zip

CT_K-12 3/19

PLAN SELECTION

Check one:

- | | Annual Premium |
|--|-----------------|
| <input type="checkbox"/> Around-the-Clock Coverage | \$ <u>93.50</u> |
| <input type="checkbox"/> At-School Coverage | \$ <u>18.00</u> |
| <input type="checkbox"/> Dental Coverage | \$ <u>11.00</u> |

Make check or money order payable to:

Bob McCloskey Insurance

Amount Enclosed: _____

Check or money order number: _____

Signature of Parent/Guardian

Date

Mail to:

Bob McCloskey Insurance
P.O. Box 511
Matawan, NJ 07747

Insurance Underwritten by StarNet Insurance Company
Policy Form Series: AH51051