

# 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

NJ\_Compulsory 3/19

## PLAN SELECTION

Check one:

Around-the-Clock Coverage

Annual Premium

\$ 72.00

Dental Coverage

\$ 12.00

**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 Berkley Life and Health Insurance Company  
Policy Form Series: AH51051