

ENROLLMENT FORM FOR STUDENT & EMPLOYEE ACCIDENT INSURANCE

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 or the employee'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.

STUDENT/EMPLOYEE INFORMATION

School System/District: _____

School Name: _____

Last Name: _____

First Name: _____

Date of Birth: _____ Gender: Male Female

Home Phone #: _____

Street Address: _____

City: _____

State: _____ Zip: _____

PLAN SELECTION

Check One:

	Annual Premium
<input type="checkbox"/> 24 Hour Coverage	<u>\$112.00</u>
<input type="checkbox"/> 24 Hour Coverage – Summer Only	<u>\$39.00</u>
<input type="checkbox"/> 24 Hour Coverage with High School Football	<u>\$288.00</u>
<input type="checkbox"/> School-Time Coverage	<u>\$30.00</u>
<input type="checkbox"/> School-Time Coverage with High School Football	<u>\$206.00</u>
<input type="checkbox"/> High School Football – Full Year	<u>\$176.00</u>
<input type="checkbox"/> High School Football – Spring Only	<u>\$76.00</u>

Make Check/Money Order Payable To: Bob McCloskey Insurance

Amount Enclosed: _____

Check or Money Order #: _____

Date: _____

Signature of Parent/Guardian/Employee: _____

Mail To:

Bob McCloskey Insurance
c/o K12 Voluntary Sales
P.O. Box 511
Matawan, NJ 07747

Policies issued by: Pan-American Life Insurance Company



Program Administrator: Bob McCloskey Insurance
Claim Administrator: BMI Benefits, LLC.

