ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill-out the attached enrollment information, select the desired coverage, and return with the correct premium as soon as possible, or fill-out the credit card payment option. Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is received and dated by the School, the Company or its authorized agent. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year. NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration date during the current school year.

REMEMBER TO FILL-OUT ALL REQUESTED INFORMATION AND RETURN ALONG WITH YOUR PREMIUM OR CREDIT CARD PAYMENT INFORMATION WITHIN THE PROVIDED ENVELOPE.

In order to make coverage effective, Please return this completed enrollment form as soon as possible.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Security Life
INSURANCE COMPANY OF AMERICA

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.

Please Print

Address _____
(Street)

_____
(City) (State) (Zip)

Email Address _____

Name of School _____

Name of District _____

Student's Age_____ Grade_____Phone _____

X _____
(Signature of Parent or Guardian) (Date)

FORM W-1508

One Time Annual Premiums

COVERAGE PLANS		With Major Expense Benefit
Full Time Coverage (with NO Interscholastic Sports Coverage)	☐ $ 99	☐ $190
Full Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	☐ $164	☐ $255
School Time Coverage (with NO Interscholastic Sports Coverage)	☐ $ 16	
School Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	☐ $ 81	
Football Coverage Grades 9-12 (The Major Expense Benefit will NOT apply)	☐ $225	
Extended Dental Coverage	☐ $ 9	

DO NOT SEND CASH **TOTAL PREMIUM**

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

DATE RECEIVED BY SCHOOL_____
(Must be dated by a school official)

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT FORM

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.

☐ Please charge $ _____ to the following credit card: ☐VISA® ,☐MasterCard®, or ☐Discover® Card Expiration Date

Credit Card Number | Security Code (on back of card, 3 digits) | (Month) (Year)

Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ - _____

FORM W-1508