

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 payment is postmarked by the U.S. Postal Service. 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 dates during the current school year.

REMEMBER TO FILL-OUT ALL REQUESTED INFORMATION AND RETURN ALONG WITH YOUR PREMIUM OR CREDIT CARD PAYMENT INFORMATION TO: Student Assurance Services, Inc.
 P.O. Box 196
 Stillwater, MN 55082-0196

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

↑ 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)
 GHA-2203 (GEN)

COVERAGE PLANS	One Time Annual Premiums	
	BASIC PLAN	PREMIER PLAN
Full Time Coverage Grades PK-12 (with all sports except Varsity Football)	<input type="checkbox"/> \$85	<input type="checkbox"/> \$152
School Time Coverage Grades PK-8 (with all sports except Varsity Football)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$28
School Time Coverage Grades 9-12 (with all sports except Varsity Football)	<input type="checkbox"/> \$48	<input type="checkbox"/> \$90
Football Coverage Grades 10-12 and grades 7-9 practicing or participating in 10-12 Football	<input type="checkbox"/> \$97	<input type="checkbox"/> \$240
Extended Dental Coverage Grades PK-12	<input type="checkbox"/> \$8	<input type="checkbox"/> \$8

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**
 B-1538 (2016)

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT FORM

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.
There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN residents)

Please charge \$ _____ + \$5.00 Processing Fee = \$ _____ to the following credit card: VISA®, MasterCard®, or Discover®

Credit Card Number _____ Security Code (on back of card, 3 digits) _____ Card Expiration Date (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 (_____) _____ - _____
 GHA-2203 (GEN)

DETACH - Place inside envelope B-1538 (2016)