

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 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.

DATE RECEIVED _____

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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: right;"> One Time Annual Premiums <small>With Major Expense Benefit</small> </div> </div> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> STUDENT'S LAST NAME (one letter in each box) </div> <div style="margin-top: 5px;"> STUDENT'S FIRST NAME M.I. Please Print Address _____ _____ _____ (City) _____ (State) _____ (Zip) Email Address _____ Name of School _____ Name of District _____ Student's Age _____ Grade _____ Phone _____ X _____ _____ (Signature of Parent or Guardian) _____ (Date) </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e67e22; color: white;"> <th colspan="3" style="text-align: center; padding: 5px;">COVERAGE PLANS</th> </tr> </thead> <tbody> <tr style="background-color: #e67e22; color: white;"> <td style="text-align: center; width: 30px;"></td> <td style="padding: 5px;">Full Time Coverage (with NO Interscholastic Sports Coverage)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> \$89 <input type="checkbox"/> \$173</td> </tr> <tr style="background-color: #e67e22; color: white;"> <td style="text-align: center;"></td> <td style="padding: 5px;">Full Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> \$154 <input type="checkbox"/> \$238</td> </tr> <tr style="background-color: #e67e22; color: white;"> <td style="text-align: center;"></td> <td style="padding: 5px;">School Time Coverage (with NO Interscholastic Sports Coverage)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> \$14</td> </tr> <tr style="background-color: #e67e22; color: white;"> <td style="text-align: center;"></td> <td style="padding: 5px;">School Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> \$79</td> </tr> <tr style="background-color: #e67e22; color: white;"> <td style="text-align: center;"></td> <td style="padding: 5px;">Football Coverage Grades 9-12 (The Major Expense Benefit will NOT apply)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> \$189</td> </tr> <tr style="background-color: #e67e22; color: white;"> <td style="text-align: center;"></td> <td style="padding: 5px;">Extended Dental Coverage</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> \$9</td> </tr> <tr style="background-color: #e67e22; color: white;"> <td colspan="2" style="text-align: right; padding: 5px;">TOTAL PREMIUM</td> <td style="text-align: right; padding: 5px;"><input style="width: 100px; height: 20px;" type="text"/></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px; font-size: small;"> Make Checks payable to: STUDENT ASSURANCE SERVICES, INC. *Please write student's name on the front of check. NO REFUNDS </p>	COVERAGE PLANS				Full Time Coverage (with NO Interscholastic Sports Coverage)	<input type="checkbox"/> \$89 <input type="checkbox"/> \$173		Full Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	<input type="checkbox"/> \$154 <input type="checkbox"/> \$238		School Time Coverage (with NO Interscholastic Sports Coverage)	<input type="checkbox"/> \$14		School Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	<input type="checkbox"/> \$79		Football Coverage Grades 9-12 (The Major Expense Benefit will NOT apply)	<input type="checkbox"/> \$189		Extended Dental Coverage	<input type="checkbox"/> \$9	TOTAL PREMIUM		<input style="width: 100px; height: 20px;" type="text"/>
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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:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	"Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____
 Cardholder Signature _____
 Cardholder Address _____
 _____ (Street) _____ (City) _____ (State) _____ (Zip)
 Telephone Number (_____) _____ - _____

FORM U-1540