

# ENROLLMENT FORM FOR STUDENT & EMPLOYEE ACCIDENT INSURANCE 2023-2024 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 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>\$82.00</u>
<input type="checkbox"/> 24 Hour Coverage – Summer Only	<u>\$27.00</u>
<input type="checkbox"/> 24 Hour Coverage with High School Football	<u>\$216.00</u>
<input type="checkbox"/> School-Time Coverage	<u>\$26.00</u>
<input type="checkbox"/> School-Time Coverage with High School Football	<u>\$160.00</u>
<input type="checkbox"/> High School Football – Full Year	<u>\$134.00</u>
<input type="checkbox"/> High School Football – Spring Only	<u>\$59.00</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



Insurance Underwritten by: Federal Insurance Company, A Chubb Company  
Program Administrator: Bob McCloskey Insurance  
Claim Administrator: BMI Benefits, LLC.

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