

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

2025-2026 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 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.

School System: Diocese of Palm Beach

School Name: _____

Student Last Name: _____

Student First Name: _____

Student Date of Birth (mo/day/year) / / Sex: M F

Student Home Phone: ()

Student Address: _____

_____ Street

City State Zip

MA 3/19

PLAN SELECTION

Check one: **Annual Premium**

24 Hour Coverage \$ 116.00

Make check or money order payable to:

Bob McCloskey Insurance

Amount Enclosed: _____

Check or money order number: _____

Signature of Parent/Guardian

Date

Mail to:

Bob McCloskey Insurance

P.O. Box 511

Matawan, NJ 07747

Insurance Underwritten by Everest Reinsurance Company