

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

2021-2022 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.

STUDENT INFORMATION

School System/District: Archdiocese of San Francisco

School Name: _____

Last Name: _____

First Name: _____

Date of Birth: _____ Gender: Male Female

Home Phone #: _____

Street Address: _____

City: _____

State: _____ Zip: _____

PLAN SELECTION

Check One:

24 Hour Coverage – Accident Coverage

**Annual
Premium**

\$74.00

Make Check/Money Order Payable To: Bob McCloskey Insurance

Amount Enclosed: _____

Check or Money Order #: _____

Date: _____

Signature of Parent/Guardian:

Mail To:

Bob McCloskey Insurance
c/o K12 Voluntary Sales
P.O. Box 511
Matawan, NJ 07747



Insurance Underwritten by: QBE Insurance Corporation
Program Administrator: Bob McCloskey Insurance
Claim Administrator: BMI Benefits, LLC.

