

# 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: Diocese of Palm Beach

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

\$116.00

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



**Bob McCloskey Insurance**  
BMI BENEFITS - FULL TPA SERVICES

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

