

ENROLLMENT FORM FOR STUDENT & EMPLOYEE ACCIDENT INSURANCE 2024-2025 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.

