NROLLMENT FORM FOR STUDENT & EMPLOYEE ACCIDENT INSURANCE 2026-2027 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**
☐ 24 Hour Coverage	$82.00
☐ 24 Hour Coverage – Summer Only	$27.00
☐ 24 Hour Coverage with High School Football	$216.00
☐ School-Time Coverage	$26.00
☐ School-Time Coverage with High School Football	$160.00
☐ High School Football – Full Year	$134.00
☐ High School Football – Spring Only	$59.00

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

Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

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

CHUBB