

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill-out the attached enrollment information, select the desired coverage, and return with the correct premium as soon as possible, or fill-out the credit card payment option. Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is received and dated by the School, the Company or its authorized agent. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year. NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration date during the current school year.

REMEMBER TO FILL-OUT ALL REQUESTED INFORMATION AND RETURN ALONG WITH YOUR PREMIUM OR CREDIT CARD PAYMENT INFORMATION TO: Student Assurance Services, Inc.
 P.O. Box 196
 Stillwater, MN 55082-0196

In order to make coverage effective, Please return this completed enrollment form as soon as possible.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



SECURITYLIFE
INSURANCE COMPANY OF AMERICA

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.
 Please Print
 Address _____

 _____ (City) _____ (State) _____ (Zip)
 Email Address _____
 Name of School _____
 Name of District _____
 Student's D.O.B. _____ Grade _____ Phone _____
 X _____ (Signature of Parent or Guardian) _____ (Date)

COVERAGE PLANS

		One Time Annual Premiums
		With Major Expense Benefit
Full Time Coverage (with NO Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 99	<input type="checkbox"/> \$190
Full Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	<input type="checkbox"/> \$164	<input type="checkbox"/> \$255
School Time Coverage (with NO Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 16	
School Time Coverage (with All Interscholastic Sports Coverage except Football Grades 9-12)	<input type="checkbox"/> \$ 81	
Football Coverage Grades 9-12 (The Major Expense Benefit will NOT apply)	<input type="checkbox"/> \$250	
Extended Dental Coverage	<input type="checkbox"/> \$ 9	

DO NOT SEND CASH TOTAL PREMIUM

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
 *Please write student's name on the front of check. **NO REFUNDS**

DATE RECEIVED BY SCHOOL _____
(Must be dated by a school official)

FORM X-1508

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT FORM

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ABOVE ON THIS FORM.

There is a \$5.00 Processing Fee added to ALL Credit Card Transactions

Please charge \$ _____ + \$5.00 Processing Fee = \$ _____ to the following credit card: VISA®, MasterCard®, or Discover®

Credit Card Number _____ Security Code (on back of card, 3 digits) _____ Card Expiration Date (Month) _____ (Year) _____
 Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ - _____

FORM X-1508