

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 12:01 AM following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service. 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
MINNETONKA, MINNESOTA

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

One Time Annual Premiums

COVERAGE PLANS

<p>↑ STUDENT'S LAST NAME ↑ (one letter in each box)</p> <p>STUDENT'S FIRST NAME _____ M.I. _____</p> <p>Address _____ (Street)</p> <p>_____ (City) _____ (State) _____ (Zip)</p> <p>Email Address _____</p> <p>Name of School _____</p> <p>Name of District _____</p> <p>Student's D.O.B. _____ Grade _____ Phone _____</p> <p>X _____ (Signature of Parent or Guardian) _____ (Date)</p> <p>GHA-2203(GEN)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> Full Time Coverage (Does NOT include Interscholastic Sports Coverage)</td> <td style="width: 60%; text-align: right;"><input type="checkbox"/> \$ 99</td> </tr> <tr> <td> Full Time Coverage (Includes All Interscholastic Sports Coverage Except Football Grades 9-12)</td> <td style="text-align: right;"><input type="checkbox"/> \$174</td> </tr> <tr> <td> School Time Coverage (Does NOT include Interscholastic Sports Coverage)</td> <td style="text-align: right;"><input type="checkbox"/> \$ 16</td> </tr> <tr> <td> School Time Coverage (Includes All Interscholastic Sports Coverage Except Football Grades 9-12)</td> <td style="text-align: right;"><input type="checkbox"/> \$ 91</td> </tr> <tr> <td> Football Coverage (Grades 9-12)</td> <td style="text-align: right;"><input type="checkbox"/> \$250</td> </tr> <tr> <td> Extended Dental Coverage</td> <td style="text-align: right;"><input type="checkbox"/> \$ 9</td> </tr> </table>	Full Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 99	Full Time Coverage (Includes All Interscholastic Sports Coverage Except Football Grades 9-12)	<input type="checkbox"/> \$174	School Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 16	School Time Coverage (Includes All Interscholastic Sports Coverage Except Football Grades 9-12)	<input type="checkbox"/> \$ 91	Football Coverage (Grades 9-12)	<input type="checkbox"/> \$250	Extended Dental Coverage	<input type="checkbox"/> \$ 9
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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**

B-1540 (2016)

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT FORM

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.

There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN residents)

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."
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

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

Telephone Number (_____) _____ - _____

GHA-2203 (GEN)

DETACH - Place inside envelope

B-1540 (2016)