

ENROLLMENT FORM - STUDENT ACCIDENT INSURANCE 2017-2018 School Year

ENROLLMENT INSTRUCTIONS

- Fill out this enrollment form completely.
- Make your check or money order payable to Cabot Risk Strategies LLC. 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.

School System:

School Name:

Student Full Name:

Parent Full Name:

Student Date of Birth (mo/day/year) / /

Sex: M F

Student Home Phone: ()

Student Address:

Street

City

State

Zip

PLAN SELECTION

Check one:

Annual Premium

School Time Coverage

\$7.00

24 Hour Wrap Around Coverage

\$48.00

24 Hour Accidental Dental Coverage

\$9.50

Make check or money order payable to: Cabot Risk Strategies LLC

Mail to:

Cabot Risk Strategies LLC

15 Cabot Road

Woburn, MA 01801

Amount Enclosed:

Check or money order number:

Signature of Parent/Guardian:

Date:

