ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

HOW TO ENROLL

- Select the desired coverage(s) from the options listed. Premium cannot be prorated. There are two enrollment and payment options.

 Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope. Mail to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
- Complete enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
- Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration dates during the current school year.

REMEMBER TO DETACHAND PLACE THE COMPLETED ENROLLMENT FORM WITH THE PREMIUM PAYMENT (CHECK OR CREDIT Student Assurance Services, Inc. CARD INFORMATION) AND MAIL TO:

P.O. Box 196, Stillwater, MN 55082-0196

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

DATE RECEIVED

meritas Life Insurance Corp. ncoln, Nebraska		FOR STUDENT ACCIDENT INSURA COVERAGE PLANS	One Time Policy Year Premiums
		Full Time Coverage (Does NOT include Inter- scholastic Sports Coverage)	□ \$ 99
↑ STUDENT'S LAST NAME ↑ (one letter in each box)		Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	□ \$174
STUDENT'S FIRST NAME Please Print	M.I.	School Time Coverage (Does NOT Include Interscholastic Sports Coverage)	□ \$ 16
Address (Street)		School Time Coverage AND Interscholastic Sports Coverage (does not include Football Grades 9-12)	□ \$ 91
(City) (State) ((Zip)	Football Coverage (Grades 9-12)	□ \$250
Email Address		Extended Dental Coverage (Grades PK-12)	□ \$ 9
Name of SchoolName of District		O NOT SEND CASH TOTAL PREMIUM	
Student's Age Grade Phone		Make Checks payable to: STUDENT ASSURANCI *Please write student's name on the front of chec	
X(Signature of Parent or Guardian) (Date)		DATE RECEIVED BY SCHOOL	

STUDENT ACCIDENT INSURANCE CREDIT CARD PAY	MENT FORM				
INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION SHOWN ABOVE. There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)					
□ Please charge \$ + \$5.00 Processing Fee = \$ to the following credit card: □VISA® ,□MasterCar Card Expiration D Credit Card Number					
Print Cardholder Name Date / _ Cardholder Signature	/				
	Zip)				
Telephone Number ()GAA-2203Ed. 11-16 DETACH - Place inside envelope	G-1511-1513				