

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 and 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 DETACH AND PLACE THE COMPLETED ENROLLMENT FORM WITH THE PREMIUM PAYMENT (CHECK OR CREDIT CARD INFORMATION) IN AN ENVELOPE AND MAIL 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.

DATE RECEIVED _____



ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

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

STUDENT'S FIRST NAME _____ M.I. _____
 Please Print
 Address _____ (Street)
 _____ (City) _____ (State) _____ (Zip)
 Email Address _____
 Name of School _____
 Name of District _____
 Student's Age _____ Grade _____ Phone _____

X _____
 GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)

	COVERAGE PLANS	One Time Policy Year Premiums	
		BASIC PLAN	PREMIER PLAN
	Full Time Coverage PK-12 AND All Sports (except Football Coverage)	<input type="checkbox"/> \$85	<input type="checkbox"/> \$152
	School Time Coverage PK-8 AND All Sports (except Football Coverage)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$28
	School Time Coverage 9-12 AND All Sports (except Football Coverage)	<input type="checkbox"/> \$48	<input type="checkbox"/> \$90
	Football Coverage Grades 10-12 and grades 7-9 practicing or participating in 10-12 Football	<input type="checkbox"/> \$116	<input type="checkbox"/> \$240
	Extended Dental Coverage Grades PK-12	<input type="checkbox"/> \$9	<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**
 G-1538

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

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® , 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 (_____) _____ - _____