ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill out the information on the enrollment tear-off, select the desired coverage, and return with the correct premium or complete credit card information as soon as possible.

NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration date for authorized UIL Activities that begin and end during the current school year.

REMEMBER TO DETACH AND PLACE THIS INFORMATION ALONG WITH YOUR PREMIUM WITHIN THE PROVIDED ENVELOPE.

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

DATE RECEIVED_____

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Security Life
INSURANCE COMPANY OF AMERICA

↑ 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 _____

FORM V-1745(TX) (Signature of Parent or Guardian) (Date)

COVERAGE PLANS	One Time Annual Premiums
School Time Coverage (with NO UIL Activities Coverage)	☐ $ 20
Full Time Coverage (with NO UIL Activities Coverage)	☐ $ 90
School Time Coverage (with UIL Activities Coverage except Varsity Football)	☐ $ 95
Full Time Coverage (with UIL Activities Coverage except Varsity Football)	☐ $165
Varsity Football Coverage	☐ $280
Extended Dental Coverage	☐ $ 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**

NOTE: To apply for Student Accident Insurance, either complete this enrollment form or enroll on-line under K-12 School Look-up at: www.sas-mn.com

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

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

☐ Please charge $ _____ to the following credit card: ☐VISA® ☐MasterCard® or ☐Discover® Card Expiration Date
Credit Card Number Security Code (on back of card, 3 digits) (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 (_____) _____ - _____

V-1745(TX)