



## Maryland: Enrollment for Student Accident Insurance

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

☐ MALE ☐ FEMALE

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

STREET ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT**

All statements made on this enrollment form are true and complete to the best of my knowledge and belief.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NAME OF SCHOOL DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

*Please select the desired plan:*

### SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN Premium Cost Per Year

**A. SCHOOL-TIME  
PLAN**

**B. 24-HOUR  
PLAN**

Students

Grades Pre-K-12 ☐ \$92.00

☐ \$159.00

**FOOTBALL ONLY PLAN**

**Grades 6 - 12**

☐ \$230.00

**PLEASE DO NOT SEND CASH.**  
**ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED.**

☐ I enclose \$ \_\_\_\_\_ **Total Premium**

PARENT'S SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

Mail this form and the appropriate premium to: **RPS Bollinger, PO Box 1515, Morristown, NJ 07962.** Your canceled check is your receipt.