ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill out the information on the Enrollment Envelope for Student Accident Insurance, select the desired coverage, and return with the correct premium or credit card information as soon as possible.

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

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

MAIL TO - Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

DATE RECEIVED _____

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

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

STUDENT'S FIRST NAME M.I.

Address _____
(Please Print)(Street)

_____
(City) (State) (Zip)

School _____ Dist _____

Student's Age _____ Grade _____ Phone _____

X _____
(Signature of Parent or Guardian) (Date)

COLUMBIAN LIFE INSURANCE COMPANY
Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381
A277CFG

Select Option and Coverage(s) Below
ACCIDENT PLANS PREMIUMS (9F140-CL)(Rev.)TX

FULL-TIME PLAN	❒	$ 140.00
SCHOOL-TIME PLAN	❒	$ 50.00
DENTAL ACCIDENT PLAN	❒	$ 8.00
TACKLE FOOTBALL PLAN	❒	$ 185.00

TOTAL PREMIUM $

Make Checks payable and mail to: **STUDENT ASSURANCE SERVICES, INC.** or for credit card payment complete the credit card information and sign on the reverse side. Please write student's name on the front of check. **NO REFUNDS, except as provided in the Master Policy.**
DO NOT SEND CASH

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

T-1745(TX)

STUDENT ACCIDENT INSURANCE CREDIT 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® or ☐MasterCard® 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 (_____) _____ - _____

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