



School Accident Plan U.S.V.I and B.V.I (TRIPLE-S BLUE)

Name: _____
Date of Birth: _____
Address: _____

School: _____
Teacher: _____
Parent or Guardian: _____
Beneficiary: _____
Telephone: _____
Premium: _____

TO BE COMPLETED BY PARENT

I have read the brochure accept/decline *Accident Insurance protection for my child. I enclose \$_____ for insurance coverage.

Signature of Parent

Date

