ATTENTION PARENTS AND GUARDIANS:

ACCIDENT INSURANCE PROTECTION FOR STUDENTS

www.cabotrisk.com/studentaccident

Delivering adequate insurance coverage for your child in the event of an unforeseen accident…

Your child's school offers the following insurance products on a voluntary basis:

- $500,000 Around the Clock – 24 Hour Accident Coverage
- $500,000 Around the Clock – 24 Hour Accident Coverage
  + $50,000 Student Accident Dental Coverage

2025-2026 Voluntary Rates

- **24 Hour Wrap Around Coverage: $50.00**
- **24 Hour Wrap Around Coverage + 24 Hour Accidental Dental: $60.00**

CHUBB®



Two Ways to Enroll:

Online

PayPal VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Or By Mail

Cabot Risk Strategies LLC

15 Cabot Road

Woburn, MA 01801

800-222-5963

www.cabotrisk.com

ENROLLMENT FORM - STUDENT ACCIDENT INSURANCE 2025-2026 School Year

ENROLLMENT INSTRUCTIONS

- Fill out this enrollment form completely.
- Make your check or money order payable to Cabot Risk Strategies LLC. Be sure to write your child's name on the check. DO NOT send cash.
- Place this form and your payment into an envelope and mail to the address below.
- Keep your cancelled check or money order receipt as proof of payment.
- Keep the summary document in your records as a description of coverage.
- Print and keep the Student Insurance ID Card.

School System:

School Name:

Student Full Name:

Parent Full Name:

Student Date of Birth (mo/day/year) / / Sex: ☐ M ☐ F

Student Home Phone: ( )

Student Address:

Street

City State Zip

PLAN SELECTION

Check one:	Annual Premium
□ 24 Hour Wrap Around Coverage	**$50.00**
□ 24 Wrap Around Coverage + Accidental Dental	**$60.00**

Make check or money order payable to: Cabot Risk Strategies LLC

Amount Enclosed:

Check or money order number:

Signature of Parent/Guardian:

Date:

Mail to:
Cabot Risk Strategies LLC
15 Cabot Road
Woburn, MA 01801