Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Student Accident Enrollment Form (School Year 2026-2027)

Student's Last Name:_____

Student's First Name:_____

Student's Middle Name:_____ Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Name of School District (required):_____

Name of School:_____

Grade Level: ❑ Pre-K/Headstart ❑ Kindergarten/Elementary ❑ Middle School ❑ High School/Above

Signature of Parent or Guardian:_____

Date:_____ Email Address:_____ Phone Number:_____

Student Insurance Plan Options — *Check Your Selection:*

Accident Only Coverage Plans	Low Option	High Option
24-HOUR	❑ $112.00	❑ $165.00
24-HOUR, Summer Only	❑ $39.00	❑ $51.00
AT-SCHOOL	❑ $30.00	❑ $38.00
HIGH SCHOOL FOOTBALL COVERAGE, Full Year	❑ $176.00	❑ $293.00
HIGH SCHOOL FOOTBALL COVERAGE, Spring Only *For New Players*	❑ $76.00	❑ $124.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL, *Covers all athletics*	❑ $206.00	❑ $331.00
HIGH SCHOOL FOOTBALL and 24-HOUR, *Covers all athletics*	❑ $288.00	❑ $458.00

Enclose check for total payment payable to: AXIS INSURANCE COMPANY. Checks, money orders, or credit cards accepted.
DO NOT SEND CASH
TOTAL ENCLOSED: $_____

See IMPORTANT NOTICE - FRAUD WARNING on next page.

Mail this completed form with payment back to: ***K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338***

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card
First Name:_____ MI:_____ Last Name:_____
Billing Address *(if different than above)*
Street #_____ Address_____ Apt #_____

City:_____ State:_____ Zip:_____
Card Number: | | | | | | | | | | | | | | | | Expiration Date: Month: | | Year: | | | |

Cardholder signature:_____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)