ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE 2026-2027 SCHOOL YEAR

ENROLLMENT INSTRUCTIONS

- Fill out this enrollment form completely.
- Make your check or money order payable to Bob McCloskey Insurance. 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 Last Name: _____

Student First Name: _____

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

Student Home Phone: ( )

Student Address: _____

Street

City State Zip

NJ_K-8 3/19

PLAN SELECTION

Check one:	Annual Premium
☐ Around-the-Clock Coverage	$ 72.00
☐ At-School Coverage	$ 10.50
☐ Dental Coverage	$ 12.00

Make check or money order payable to:
Bob McCloskey Insurance

Amount Enclosed: _____

Check or money order number: _____

_____

Signature of Parent/Guardian Date

Mail to:
Bob McCloskey Insurance
P.O. Box 511
Matawan, NJ 07747

Insurance Underwritten by Berkley Life and Health Insurance Company
Policy Form Series: AH51051

BAH SR 2018-116EF