

DO NOT SEND CASH ENROLLMENT FORM

Please Print

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE

BIRTH DATE (MM/DD/YYYY)

GRADE

PHONE

HOME ADDRESS

APT#

CITY

STATE

ZIP

SCHOOL SYSTEM/DISTRICT

SCHOOL NAME

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

SIGNATURE OF PARENT OR GUARDIAN

DATE

My signature above certifies that I have read and understand the Student Accident Insurance Protection brochure and agree to accept the terms and conditions stated herein.

No obligation to purchase.

School Year Rate – ✓ CHECK YOUR SELECTION

COVERAGE PLANS	PREMIUMS
BEST BUY! 24-Hour	☐ \$98.00
School Time	☐ \$27.00
Dental Accident Insurance (with either of the above plans)	☐ \$9.00

Make checks payable to The Hartford Insurance Company.

HOW TO ENROLL

1. Decide whether you want the School time, 24-Hour Accident Protection or Dental Plan.
2. Fill out the enrollment form and enclose the form along with a check or money order made payable to The Hartford Insurance Company for the correct amount.
3. Mail envelope to Lefebvre Insurance LLC, 901 Pleasant Street, #1413 Attleboro, MA 02703.
Your cancelled check or money order stub will be your receipt and confirmation of payment.
(Please write the student's name and school name on your check.)

HOW TO FILE A CLAIM

Claims Administrator:	NAHGA P.O. Box 189 Bridgton, ME 04009 Phone number: 1-888-998-2240 Fax number: 1-207-647-4569 Email address: claims@nahga.com
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Claim Procedures:

Always keep a copy of all claim related documents. Written proof of loss should be submitted within 90 days from the date of service.

Step 1: Submit a completed Notice of Claim to the claim's facility by fax or mail

- ***Part I – Policyholder's Statement***

Form is to be completed in its entirety and signed by the Official Representative of the Policyholder/Plan. Provide any necessary attachments.

- ***Part II – Claimant's Statement***

Form is to be completed in its entirety and signed by the Claimant or their parent/guardian. Read and sign the Important Notice on page 4.

Step 2: Submit itemized medical bill(s) and supporting documentation to NAHGA.



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Blanket Accident Form Series includes BSR-1000, BSR-1200 or state equivalent.

NOT AVAILABLE IN ALL STATES.