ATTENTION PARENTS AND GUARDIANS:

ACCIDENT INSURANCE PROTECTION FOR STUDENTS

CLICK TO HERE VISIT OUR INFORMATION PAGE

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

2026-2027 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 2026-2027 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