

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

2017-2018 Voluntary Rates

All rates are per student, per year:

School Time Coverage: \$7.00

24 Hour Wrap Around: \$48.00

24 Hour Accidental Dental: \$9.50

PROTECTION PLUS, offered by



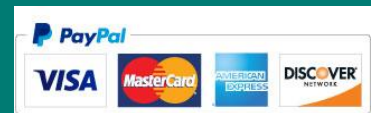
&

CHUBB®



**Two Ways to
Enroll:**

Online



or

By Mail

Cabot Risk
Strategies LLC
15 Cabot Road
Woburn, MA 01801
800-222-5963

www.cabotrisk.com

ENROLLMENT FORM - STUDENT ACCIDENT INSURANCE 2017-2018 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

School Time Coverage

\$7.00 – per student, per year

24 Hour Wrap Around Coverage

\$48.00 – per student, per year

24 Hour Accidental Dental Coverage

\$9.50 – per student, per year

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

Mail to:

Amount Enclosed:

Cabot Risk Strategies LLC

15 Cabot Road

Check or money order number:

Woburn, MA 01801

Signature of Parent/Guardian:

Date:

