## ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill out the attached enrollment information, select the desired coverage, and return along with the correct premium (check or credit card payment information) to address listed below.

NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration dates during the current school year.

REMEMBER TO FILL OUT ALL REQUESTED INFORMATION AND RETURN ALONG WITH YOUR PREMIUM OR CREDIT CARD PAY-MENT INFORMATION TO: Student Assurance Services, Inc. P.O. Box 196

Stillwater, MN 55082-0196

## In order to make coverage effective, please return this completed enrollment form as soon as possible.

DATE RECEIVED\_



STUDENT ACCIDENT I	INSURANCE CREDIT	CARD PAYME	NT FORM
INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM. There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)			
□ Please charge \$ + \$5.00 Processing Fee =	\$to the following credit card:		Discover®
Credit Card Number	Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)	
			dit card billing will state: dent Assurance Services, Inc."
Print Cardholder Name		Date / /	
Cardholder Signature			
Cardholder Address			
(Street)	(City)	(State) (Zip)	
Telephone Number ()			
GAA-2203Ed. 11-16	TACH - Place inside envel	lope	D-1511-1513