

DO NOT SEND CASH

Enrollment Form

Please Print

2018-2019 MA

STUDENT'S LAST NAME		
STUDENT'S FIRST NAME		MIDDLE INITIAL
BIRTH DATE (MM/DD/YYYY)	GRADE	PHONE
HOME ADDRESS		APT#
CITY	ST	ZIP
SCHOOL SYSTEM/DISTRICT		
SCHOOL NAME		
<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>		
SIGNATURE OF PARENT OR GUARDIAN		DATE
<p>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.</p>		

No obligation to purchase.

School Year Rate – 2018-2019 CHECK ✓ YOUR SELECTION	
Coverage Plans	Premiums
24-Hour – Including Extended Dental	<input type="checkbox"/> \$58.00
24 Hour Only	<input type="checkbox"/> \$50.00
School Time Only – Including Extended Dental	<input type="checkbox"/> \$16.00
School Time Only	<input type="checkbox"/> \$ 8.00

Make checks payable to:
AXIS Insurance Company

How to Enroll
<ol style="list-style-type: none"> 1. Decide whether you want the School Time, 24-Hour Accident Protection (with or without Dental). 2. Fill out the enrollment form and enclose the form along with a check or money order made payable to AXIS Insurance Company shown for the correct amount. 3. Mail envelope to <u>Lefebvre Insurance, LLC.</u> , 850 Franklin Street, Wrentham, MA 02093. 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.)