

# ATTENTION PARENTS AND GUARDIANS ACCIDENT INSURANCE PROTECTION FOR STUDENTS

[www.cabotrisk.com/studentaccident](http://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

## 2016-2017 Voluntary Rates

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](http://www.cabotrisk.com)

# ENROLLMENT FORM - STUDENT ACCIDENT INSURANCE 2016-2017 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

24 Hour Wrap Around Coverage     \$48.00

24 Hour Accidental Dental Coverage     \$9.50

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

**Mail to:**

Amount Enclosed:

Cabot Risk Strategies LLC

Check or money order number:

15 Cabot Road

Signature of Parent/Guardian:

Woburn, MA 01801

Date:

