

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

2021-2022 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



Or By Mail

**Cabot Risk Strategies
ELC**

**15 Cabot Road
Woburn, MA 01801**

800-222-5963

www.cabotrisk.com

ENROLLMENT FORM - STUDENT ACCIDENT INSURANCE 2021-2022 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

Mail to:

Cabot Risk Strategies LLC

15 Cabot Road

Woburn, MA 01801

Amount Enclosed: _____

Check or money order number: _____

Signature of Parent/Guardian: _____

Date: _____