

ENROLLMENT INSTRUCTIONS

- Fill out this enrollment form completely.
- Make your check or money order payable to Bob McCloskey Insurance. 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 Last Name: _____

Student First Name: _____

Student Date of Birth (mo/day/year) / / Sex: M F

Student Home Phone: ()

Student Address: _____

Street

City

State

Zip

NJ_CT_Compulsory 8/17

PLAN SELECTION

Check one:	Annual Premium
<input type="checkbox"/> Around-the-Clock Coverage	\$ <u>72.00</u>
<input type="checkbox"/> Dental Coverage	\$ <u>12.00</u>

Make check or money order payable to:
Bob McCloskey Insurance

Amount Enclosed: _____

Check or money order number: _____

Signature of Parent/Guardian

Date

Mail to:
Bob McCloskey Insurance
P.O. Box 511
Matawan, NJ 07747