

DO NOT SEND CASH

Enrollment Form

Please Print

2014-2015 Pennsylvania

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 and with intent to defraud any insurance company or other person files an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.</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 – 2014-2015 CHECK ✓ YOUR SELECTION

Coverage Plans	Premiums
BEST BUY! 24-Hour	<input type="checkbox"/> \$130.00
School Time	<input type="checkbox"/> \$36.00
Dental Accident Insurance (with either of the above plans)	<input type="checkbox"/> \$8.50

Make checks payable to:
American Management Advisors, Inc.

How to Enroll

1. Decide whether you want the School time, 24-Hour Accident Protection or Dental Plan.
2. Fill out the enrollment form and enclose the form along with a check or money order made payable to the American Management Advisors, Inc. for the correct amount.
3. Return your enrollment form and payment to your child's school. 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.)

AH-10327-PA (PA AA-X/S)

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