



Student Accident Insurance Enrollment Form

Participating School District: Bourne Public Schools
36 Sandwich Road
Bourne, MA 02532

Phone: _____ **Fax:** _____

**\$1,000,000.00 Medical Maximum
One Year Benefit Period
\$50,000 Dental Maximum
Zero Deductible**

Plan Design and Rates Guaranteed for One Year*

School Time Coverage	\$10
24 Hour Coverage	\$70
School Time or 24-Hour with Dental	\$8 (in addition to above premiums)

*This policy is renewable each policy term upon mutual agreement of the Policyholder and QBE Insurance Corporation. Rates are guaranteed up to one policy term beginning 9/1/2019.

We hereby wish to enroll in the QBE Insurance Corporation Student Accident Policy. Insurance will be in force if this enrollment form is accepted by the Company, and any required premium is received by the Company when due.

Signature Title Date

Name Phone Email

Return Completed Enrollment Form to:
ISI Service Center
PO Box 2327
Beaufort, SC 29901
Phone: 800-241-7753 x8906
Fax: 866-871-2170
Email: renewals@isi1959.com