Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Enrollment Form (School Year 2019-2020)

Student's Last Name:_____

Student's First Name:_____

Student's Middle Name:_____ Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Name of School District (required):_____

Name of School:_____

Grade Level: ❑ Pre-K/Headstart ❑ Kindergarten/Elementary ❑ Middle School ❑ High School/Above

Signature of Parent or Guardian:_____

Date:_____ Email Address:_____ Phone Number:_____

Student Insurance Plan Options — *Check Your Selection:*

Accident Only Coverage Plans	Low Option	High Option
24-HOUR	❑ $105.00	❑ $154.00
24-HOUR Summer Only	❑ $36.00	❑ $48.00
AT-SCHOOL	❑ $29.00	❑ $37.00
HIGH SCHOOL FOOTBALL COVERAGE Full Year	❑ $171.00	❑ $284.00
HIGH SCHOOL FOOTBALL COVERAGE Spring Only *For New Players*	❑ $74.00	❑ $120.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL *Covers all athletics*	❑ $200.00	❑ $321.00
HIGH SCHOOL FOOTBALL and 24-HOUR *Covers all athletics*	❑ $276.00	❑ $438.00

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.
DO NOT SEND CASH
TOTAL ENCLOSED: $_____

1731(AOS_MB_ENG_03/19)

Mail this completed form with payment back to: ***K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338***

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card
First Name:_____ MI:_____ Last Name:_____
Billing Address *(if different than above)*
Street #_____ Address_____ Apt #_____

City:_____ State:_____ Zip:_____
Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date: Month: ☐☐ Year: ☐☐☐☐

Cardholder signature:_____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)