



Student Accident Insurance Coverage Quote

Please select the plan you are interested in:

Coverage P

Scheduled Indemnities
80% After \$100 Deductible
\$50,000 Maximum

Coverage R

100% Usual & Customary
\$50,000 Maximum

Coverage R25

100% Usual & Customary
\$25,000 Maximum

Coverage R25D

100% Usual & Customary
\$25,000 Maximum
\$100 Deductible

School district _____

Name and title _____

Address _____

Phone _____ FAX _____

Email _____

Current Coverage Details

Current carrier _____

Premium _____ Premium per student _____

Enrollment # _____

Are you charged extra for interscholastic sports? Yes No

Current coverage _____

Deductible _____ Self-funded deductible? Yes No

100% of usual and customary? Yes No Plan maximum _____

Please submit this form, with copies of your loss reports for the **last 2 years**. Include start and end dates for each report.

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