

**ATTENTION PARENTS AND  
GUARDIANS:**

**ACCIDENT INSURANCE PROTECTION FOR  
STUDENTS**

[www.cabotrisk.com/studentaccident](http://www.cabotrisk.com/studentaccident)

Delivering adequate insurance coverage for your child in the event of an unforeseen accident...

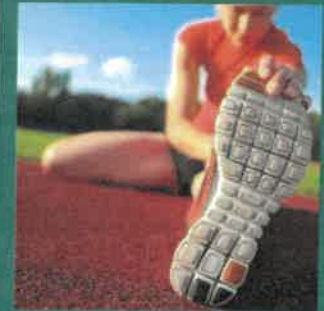
**Your child's school offers the following insurance products on a voluntary basis:**

- \$500,000 Around the Clock – 24 Hour Accident Coverage
- \$500,000 Around the Clock – 24 Hour Accident Coverage + \$50,000 Student Accident Dental Coverage

**2022-2023 Voluntary Rates**

- **24 Hour Wrap Around Coverage: \$50.00**
- **24 Hour Wrap Around Coverage + 24 Hour Accidental Dental: \$60.00**

**CHUBB®**



**Two Ways  
to Enroll:**

**Online**



**Or By Mail**

**Cabot Risk Strategies  
LLC**

**15 Cabot Road  
Woburn, MA 01801**

**800-222-5963**

**[www.cabotrisk.com](http://www.cabotrisk.com)**

# ENROLLMENT FORM - STUDENT ACCIDENT INSURANCE 2022-2023 School Year

## ENROLLMENT INSTRUCTIONS

- Fill out this enrollment form completely.
- Make your check or money order payable to Cabot Risk Strategies LLC. 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 Full Name:

Parent Full Name:

Student Date of Birth (mo/day/year)

/ /

Sex:  M  F

Student Home Phone: (     )

Student Address:

Street

City

State

Zip

## PLAN SELECTION

Check one:

Annual Premium

24 Hour Wrap Around Coverage

\$50.00

24 Wrap Around Coverage + Accidental Dental

\$60.00

**Make check or money order payable to:** Cabot Risk Strategies LLC

**Mail to:**

Cabot Risk Strategies LLC

15 Cabot Road

Woburn, MA 01801

Amount Enclosed:

Check or money order number:

Signature of Parent/Guardian:

Date: