

# 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

### 2024-2025 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 2024-2025 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

Amount Enclosed:

Check or money order number:

Signature of Parent/Guardian:

Date:

**Mail to:**

Cabot Risk Strategies LLC  
15 Cabot Road  
Woburn, MA 01801