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

or complete and mail this form

Enrollment Form (School Year 2016-2017)

| Student's Last Name: | | | | |
|--|---|--|--|--|
| Student's First Name: | | | | |
| Student's Middle Name: | e Name: Date of Birth: | | | |
| Street Address: | | | | |
| City:State:_ | State:Zip: | | | |
| Name of School District (required): | | | | |
| Name of School: | | | | |
| Grade Level: | School 🛛 High School/Above | | | |
| Signature of Parent or Guardian: | | | | |
| Date: Email Address: | Email Address: Phone Number: | | | |
| Student Insurance Plan Options — Check Your Selection: | | | | |
| Student Insurance Plan Optio | ns — Check Your Selection: | | | |
| Student Insurance Plan Optio Accident Only Coverage Plans | ns — Check Your Selection: Low Option | High Option | | |
| | | High Option | | |
| Accident Only Coverage Plans | Low Option | U | | |
| Accident Only Coverage Plans 24-HOUR | Low Option | □ \$122.00 | | |
| Accident Only Coverage Plans 24-HOUR 24-HOUR Summer Only | Low Option \$82.00 \$27.00 | □ \$122.00 □ \$38.00 | | |
| Accident Only Coverage Plans 24-HOUR 24-HOUR Summer Only AT-SCHOOL | Low Option \$82.00 \$27.00 \$26.00 | □ \$122.00 □ \$38.00 □ \$35.00 | | |
| Accident Only Coverage Plans 24-HOUR 24-HOUR Summer Only AT-SCHOOL HIGH SCHOOL FOOTBALL COVERAGE Full Year HIGH SCHOOL FOOTBALL COVERAGE Spring Only | Low Option | □ \$122.00 □ \$38.00 □ \$35.00 □ \$205.00 | | |

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

1799(MD_MB_ENG_03/16)

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.) | | | |