



**IMPORTANT: All students from the same school must COMPLETE and RETURN this form.**

This form is required to be completed and returned promptly even if you do not wish to enroll the student in the plan.

Please enclose correct premium.

### SECTION A - Student Information

**Name of Student**

First Name	Middle Name	Last Name	Age	Date of Birth		
				Day	Month	Year

**Name of Parent / Guardian**

First Name	Middle Name	Last Name
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**Residential Address**

No and Street	City	State / Province / County	P.O. Box
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**Telephone Numbers**

Home	Work	Cell
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### SECTION B - School Information

**Name of School**

	Email
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**Grade**

**Homeroom No.**

**Teacher's Name**

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### SECTION C - Coverage

- Please enroll the above named student in Plan A (Broad full-time Coverage 24 hours a day) \$20.00
- Please enroll the above named student in Plan B (Broad school time coverage only) \$10.00
- Waive the above named student's right to participate in this insurance program

Enclosed:  Cash  Cheque for \$  (Make cheques payable to Colina Insurance Limited)

Please check with school administrator for the plan level  Renewal  New Enrollment

**Name of Beneficiary (Please print)**

**Relationship to Insured**

**Signature of Parent / Guardian**

**Date**

Day	Month	Year

### FOR OFFICE USE

**Policy Number**

**Salesperson**

**Effective Date**

Day	Month	Year