

Rugby Accident Plan - Enrollment Form

Name of Team:	
Union/Organization Name:	
Requested Effective Date:	

INSURED INFORMATION

Name of Applicant			
Date of Birth			
Address (Street)			
(City, Zip)			
Phone	Home:		Cell:
E-mail			

PARENT OR GUARDIAN INFORMATION (FOR MINORS)

Name of Parent/Guardian			
Relation to Applicant			
Address (Street)			
(City, Zip)			
Phone	Home:		Cell:
E-mail			

APPLICANT AGREEMENT

I hereby understand and agree with the information presented to me regarding the rugby accident program administered by Special Insurance Services, Inc. I also understand this accident plan is an excess policy; therefore I must exhaust all other available insurance before filing with SIS, Inc. I further agree that if this application is accepted by the Company, coverage will begin on the date of acceptance and payment or on the date requested above.

Applicant's Signature: _____ *Date* _____

If minor, parent/guardian's signature _____ *Date* _____

PLAN RATES (group contract effective date is 10/1/10. Anyone applying for coverage within the first 6 months of the contract effective date must pay the full annual cost. Cost will be pro-rated for anyone enrolling after the first six months. Pro-rated rates are shown below. However, the full annual cost will be charged at the next contract anniversary date.)

	AGE GROUP	RATES
If enrolling in plan for an effective date between 10/1 - 3/31:	12 years and under	\$11.00
	13-18 years	\$39.50
	19 years and up	\$87.00
If enrolling in plan for an effective date between 4/1 - 7/31:	12 years and under	\$6.50
	13-18 years	\$23.00
	19 years and up	\$51.00
If enrolling in plan for an effective date between 8/1 - 9/30:	12 years and under	\$3.00
	13-18 years	\$10.00
	19 years and up	\$22.00

Please send this completed form with a check, money order, or a completed bank authorization form by mail to:



Special Insurance Services, Inc.
Attention to: Teresa Hart
6509 Windcrest Drive, Suite 200 | Plano, TX 75024
Phone: (800) 767-6811 | Fax: (972) 960-0377