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## How to Enroll

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1. Determine which plan of coverage you would like to enroll your child in – **24 Hour Coverage Only) or School Time Coverage**
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to **A-G Administrators at P.O. Box 979 Valley Forge, PA 19482.**
3. Make Checks Payable to **UNITED STATES FIRE INSURANCE COMPANY c/o A-G Administrators, Inc.**
4. Return by mail to A-G Administrators, Inc. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check.

**INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM  
UNITED STATES FIRE INSURANCE COMPANY  
STUDENT ACCIDENT COVERAGE**

STUDENT'S LAST NAME (one letter per box)

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STUDENTS FIRST NAME

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**Individual Voluntary  
Student Accident Plans**

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_

**24 HOUR COVERAGE**

☐ **\$124.00 per student**

Date of Birth: \_\_\_\_\_ Gender: Male ☐ Female ☐

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_

School District \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

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## Period of Coverage

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Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24 Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.