

Administrator Option/24-Hour Coverage
TRAVEL ACCIDENT PROGRAM



Visit psba.memberenroll.com to enroll online.

PENNSYLVANIA SCHOOL BOARDS ASSOCIATION

49937

Planholder

Master Policy No.

Please notify PSBA Insurance Trust immediately of any changes in covered personnel to guarantee continuity of coverage.

School District: _____

Enter the cost for the option selected by each enrollee

Annual Cost*

Submitted By: _____

Email Address _____

Name	Title	Annual Cost*	
		Basic Only \$14.00	Or Basic Plus 24-hour \$30.00
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

*cost includes a service fee.

TOTAL

GRAND TOTAL

Visit psba.memberenroll.com to enroll online or return this completed form by mail with your payment to:

PSBA INSURANCE TRUST
400 Bent Creek Blvd., Mechanicsburg, PA 17050
800-932-0588

