

BOARD MEMBERS
 Travel Accident Insurance
 Enrollment Form



PENNSYLVANIA SCHOOL BOARDS ASSOCIATION

49937

49937

Policyholder

Primary Coverage
 Policy No.

24-hour Coverage
 Policy No.

PLEASE CHOOSE A COVERAGE OPTION BELOW:

Primary Coverage:

Board Member (Included with PSBA membership) Benefit Coverage \$150,000

24-hour Optional Coverage:

	Name [First, MI, Last]	Date of Birth	Gender	Cost*	Benefit Coverage
<input type="checkbox"/>	Board Member _____			\$36.00/per year	\$150,000
<input type="checkbox"/>	Spouse _____			\$14.00/per year	\$ 50,000
<input type="checkbox"/>	Child _____			\$ 5.00/per year	\$ 10,000
<input type="checkbox"/>	Child _____			\$ 5.00/per year	\$ 10,000
<input type="checkbox"/>	Child _____			\$ 5.00/per year	\$ 10,000
<input type="checkbox"/>	Child _____			\$ 5.00/per year	\$ 10,000
				Total _____	

*cost includes a service fee.

COMPLETE FOR 24-HOUR COVERAGE:

 School Entity

 Print Full Name

 Date of Birth (mm/dd/yyyy)

 Home Address

 City

 State

 ZIP Code

 Email Address

 Phone #

Signature: _____

 Date (mm/dd/yyyy)

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

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

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