

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 _____ | | | \$37.80/per year | \$150,000 |
| <input type="checkbox"/> | Spouse _____ | | | \$14.70/per year | \$ 50,000 |
| <input type="checkbox"/> | Child _____ | | | \$ 5.25/per year | \$ 10,000 |
| <input type="checkbox"/> | Child _____ | | | \$ 5.25/per year | \$ 10,000 |
| <input type="checkbox"/> | Child _____ | | | \$ 5.25/per year | \$ 10,000 |
| <input type="checkbox"/> | Child _____ | | | \$ 5.25/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 <https://PSBAinsurance.com/travel-accident/> 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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