



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 ph (855) 742-3135
 www.studentinsurance-kk.com
 CA License #0334819

WEB ENROLLMENT FLYER REQUEST FORM



Name of District: _____

IMPORTANT FOR SUPPLIES: An initial supply of web enrollment flyers will be shipped to the district office or one central location.

Supplies

Web Only Enrollment

Shipping

Ship flyers to: District Office

Address: _____
Must be street address, not a PO box number.

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Date flyers needed: _____

Do you want your flyers separated by campus?

No Please indicate quantity of flyers needed: _____

Yes Please indicate quantity of flyers below.

Campus Locations Please provide a list of campus locations so all locations will be listed on the website for online enrollment. You may attach a listing of all campuses or fill in below. If flyers are to be separated by campus, indicate number of flyers needed next to each campus location.

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

K-12 Student Accident Insurance Enroll Online



www.studentinsurance-kk.com

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

K-12 Accident Plans available through your school:

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to www.studentinsurance-kk.com and click the **"Enroll Now"** button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite www.studentinsurance-kk.com y haga clic en el botón **"Enroll Now"** ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.