

Virginia High School League Voluntary Catastrophic Accident Insurance Enrollment Form

GENERAL INFORMATION

Participating School _____
Full Legal Name

Address _____
Street City State Zip

Participating School is a member of the _____ (sanctioning body).

COVERAGE DESIRED (Please indicate via checkmark the class(es) to be covered)

- Class I:** All middle school interscholastic student athletes, student managers, student trainers, student cheerleaders, or students participating in interscholastic competition., including school-supervised practice, tryouts, game-related activities and covered travel as defined in the policy.
- Class II:** All middle school and high school students participating in intramural and club sports; physical education classes; classroom and laboratory activities for credit; off-campus group activities assigned for credit; faculty-sponsored clubs, plays and concerts; off-campus faculty-sponsored and supervised field days; and covered travel as defined in the policy.

BENEFIT SELECTION AND PREMIUM CALCULATION (Please select only one plan)

- \$1,000,000 Maximum (Minimum Premium = \$600.00)**

Number of Class I Insured Persons _____ x **\$2.70** = \$ _____
 Number of Class II Insured Persons _____ x **\$2.15** = \$ _____

- \$2,000,000 Maximum (Minimum Premium = \$650.00)**

Number of Class I Insured Persons _____ x **\$3.60** = \$ _____
 Number of Class II Insured Persons _____ x **\$2.90** = \$ _____

- \$3,000,000 Maximum (Minimum Premium = \$750.00)**

Number of Class I Insured Persons _____ x **\$3.85** = \$ _____
 Number of Class II Insured Persons _____ x **\$3.35** = \$ _____

TOTAL PREMIUM \$ _____
(Premium shown above is fully earned and nonrefundable)

ON REVERSE SIDE LIST SCHOOLS TO BE COVERED AND SIGN.

