

**Acceptance of Insurance and Beneficiary Designation.**

**Group Personal Accident Policy**

Name of Student: \_\_\_\_\_  
First Name Surname Middle Name

Date of Birth (dd/mm/yy) \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Name Surname Middle Name

Father's Name: \_\_\_\_\_  
First Name Surname Middle Name

Guardian's Name: \_\_\_\_\_  
First Name Surname Middle Name

I hereby agree to have my child form part of the Personal Accident policy with the designated beneficiaries as follows.

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	DISTRIBUTION %

NAME OF PARENT/ GUARDIAN SIGNATURE DD/MM/YY DATE

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE(DD/MM/YY)

## **STUDENT PERSONAL ACCIDENT INSURANCE PLAN**

Student personal Accident Insurance Plan:

1. Death as a result of an accident - \$20,000.00
2. Medical Expenses as a result of an accident - \$4,000.00

Medical Deductible is to be applied as follows for each and every accident

1. If the accident occurs on Independence Junior College Premises – 0% (zero) Deductible
2. If the accident occurs in any other location other than I.J.C. – 5% Deductible
3. If the accident occurs outside of Belize – 10% Deductible

Annual Premium Cost: \$25.00

- In the event of a claim the school only has 30 days to at least inform Atlantic Insurance Company Ltd.