

**BOARD MEMBERS**  
 Travel Accident Insurance  
 Enrollment Form



Visit [psba.memberenroll.com](http://psba.memberenroll.com) to enroll online.

**PENNSYLVANIA SCHOOL BOARDS ASSOCIATION**

**49937**

**49937**

Policyholder

Primary Coverage

24-Hr Coverage

Policy No.

Policy No.

**PLEASE CHOOSE A COVERAGE OPTION BELOW:**

**Primary Coverage:**

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

**24-hr. Optional Coverage:**

	Name [First, MI, Last]	Date of Birth	Gender	Cost	Benefit Coverage
<input type="checkbox"/>	Board Member _____			\$35.50/per year	\$150,000
<input type="checkbox"/>	Spouse _____			\$13.50/per year	\$ 50,000
<input type="checkbox"/>	Child _____			\$ 3.00/per year	\$ 10,000
<input type="checkbox"/>	Child _____			\$ 3.00/per year	\$ 10,000
<input type="checkbox"/>	Child _____			\$ 3.00/per year	\$ 10,000
<input type="checkbox"/>	Child _____			\$ 3.00/per year	\$ 10,000
				<b>Total</b> _____	

**COMPLETE FOR 24-HR. COVERAGE:**

School Entity \_\_\_\_\_

Print Full Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / /

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ / /

Visit [psba.memberenroll.com](http://psba.memberenroll.com) to enroll online or return this completed form by mail with your payment to:

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

Issued By: Prudential Insurance Company Of America, Newark, NJ