VOLUNTARY ACCIDENT INSURANCE

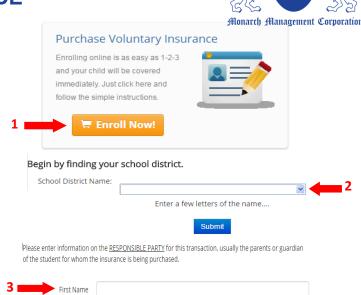
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HOW TO ENROLL:

Enrolling online is easy and takes only a few minutes

- Go to www.mmc-ins.com and click on ENROLL NOW button
- SELECT the name of the SCHOOL DISTRICT where your child is enrolled and click SUBMIT
- Enter the RESPONSIBLE PARTY's information and click NEXT
- 4. Enter the STUDENT's information and click NEXT
- Select the PLAN in which you want your student to be enrolled and click NEXT
- Review the plan selected for your student. Add additional students as needed.
- ENTER PAYMENT information. Once you click
 CONTINUE you will receive 2 emails:
 - 1. Confirmation of your processed purchase
 - 2. Confirmation of your policy and coverage information.

NOTE: Please check spam and junk mail if you do not receive in your inbox within 24 hours of purchase.



Step 2 - Student Information

Student ID or SS #:

Last Name

Address

Please enter information on the <u>STUDENT</u> for whom the insurance is being purchased opportunity to enter more students on this account after each page.

Grade Choose grade		e	
Product			
24 HOUR		AT:	SCHOOL
24 Hour Economy v	24 Hour Economy w/o sports		At School Economy w/o sports
 24 Hour Economy v 	24 Hour Economy w/o sports + Dental		At School Premier w/o sports
 24 Hour Premier w. 	24 Hour Premier w/o sports		At School Economy w/o sports + Den
 24 Hour Premier w. 	24 Hour Premier w/o sports + Dental		At School Premier w/o sports + Denta
 24 Hour Economy 	24 Hour Economy		At School Economy
24 Hour Economy -	24 Hour Economy + Dental		At School Economy + Dental
 24 Hour Premier 	24 Hour Premier		At School Premier
24 Hour Premier +	24 Hour Premier + Dental		At School Premier + Dental
FOOTBALL		SPR	ING FOOTBALL
 Football Grades 10- 	-12 Economy	0	Spring Football Economy
 Football Grades 10- 	Football Grades 10-12 Economy + Dental		Spring Football Economy + Dental
 Football Grades 10- 	Football Grades 10-12 Premier		Spring Football Premier
 Football Grades 10- 	-12 Premier + Dental		

Step 3 - Payment Information

Please confirm your selection below. Edit to make corrections, delete the selection, or add another student.

If everything is correct please enter your payment information and press continue.

tudent Name S	chool	Product	Amount
OTAL CHARGE:			
e		Enter Another Student	
Cardholder Name			
Card Type	Please	Select	,
Card Number			
Expiration Month	Select		,
Expiration Year	Select		•
Expiration Year	Select		
	/	Continue	