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x < R X P D \ D S S O L W R Q D L F Q H K L W W S D U G Z Z E U S H L Q V X U 2 5 Q F H F R P

x , I \ R X Z R X O G O L N H D ~~S R U D S S O O Z E M U B C E H W R Z~~ W K I D G D F
D S S O L F D W L R Q W K D W \ R X F D R U S U R L Q W D D C G F F S O P S O H W R Q
D Q G S U L Q W ' 2 1 2 7 6 (1 ' & \$ 6 + O D N H F K H F N R F U P R Q H \ F
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x 3 D F L I L F (G X F D W R U V
(. D W H O O D \$ Y H 6 X L W H
2 U D Q J H & \$

x 7 K H O D V W S D ~~3~~ W H L W F W L S W (L R Q ' U X J R & X D B G Q 3 S R I L Q D V P D Q G
3 K D U P D F \ W R K H ~~Q~~ S L D Q S R I Q H F O U R Z H W L R Q G U X J F R V W V

x , I \ R X K D Y H D Q \ ~~G R H Q R W L R Q W L S O D W D H M F R~~ R Q W D F W X V
R U D S S O L F D W L R Q V # S H L Q V X U D Q F H F R P

24-HOUR-A-DAY ACCIDENT COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends throughout the summer - right up to the day school opens.

BENEFITS PER INJURY - PAYABLE TO THE DOLLAR AMOUNTS SPECIFIED BELOW	HIGH OPTION	LOW OPTION
HOSPITAL & GENERAL NURSING CARE - Room and board per day, semi-private room rate.....		100% of R&C*

20 -2 SCHOOL YEAR ENROLLMENT FORM

ONE TIME ANNUAL PAYMENT		
OPTIONS	HIGH OPTION	LOW OPTION
24-HOUR-A-DAY PLAN \$50,000 Maximum per Injury Grades Pre-K thru 8 Grades 9 thru 12	\$161 \$192	\$75 \$92
SCHOOL-TIME PLAN Maximum per Injury: \$50,000or High Option \$25,000or Low Option Grades Pre-K thru 8 Grades 9 thru 12	\$25 \$54	\$11 \$24
	\$80 \$177	\$36 \$84
EXTENDED DENTAL OPTION		\$6
TOTAL \$ _____ (Please do not send cash) MAKE CHECK PAYABLE TO: PACIFIC EDUCATORS, INC.		
NO REFUNDS ARE AVAILABLE		

PLEASE PRINT CLEARLY



STUDENT'S NAME _____
FIRSTNAME MIDDLEINITIAL LASTNAME

DATE OF BIRTH _____ MALE F
MONTH DAY YEAR

SCHOOL DISTRICT _____ SCHOOL _____

GRADE _____ STUDENT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ DATE OF ENROLLMENT _____

PARENT OR GUARDIAN'S EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN (PLEASE PRINT) _____

SIGNATURE OF PARENT OR GUARDIAN _____

TO PAY BY CREDIT/DEBIT CARD (fee applies) PLEASE GO TO:
WWW.PEINSURANCE.COM OR CALL (800) 722-3365

PLEASE REMEMBER TO:

COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.

MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO NOT SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:

Pacific Educators, Inc.
 2808 E. Katella Ave., Suite 101
 Orange, CA 92867-5299

PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.

For faster service you can pay by credit or debit card (fee applies) please visit us online at:

Pacific Educators
www.peinsurance.com
 click Products then Students
 or call (800) 722-3365

