



102 Julale Center, Hagäñña, Guam 96910 USA
Tel. No. (671) 477-8613 Fax No. (671) 477-0672

VOLUNTARY GROUP STUDENT PA APPLICATION FORM

1. Name of Student: _____ Date of Birth _____
2. Address : _____
3. Beneficiary Name: _____
4. Relationship to Student: _____ Tel _____ Fax _____ Email _____
5. Coverage Plan:

- 24-Hour Cover. Provides accident insurance protection 24 hours a day for one full year from the date of effectivity, anywhere in the world, in or out of school, including while flying as a passenger on commercial flights and unprovoked murder and assault.
- School-Time Only. Provides accident insurance protection from the date of effectivity until the last day of the regular school year while traveling to and from school (maximum two hours either way), while attending classes on school premises, and while participating or attending as a spectator in any school-sponsored activity inside or outside school premises under the direct supervision of the proper school authority.

6. Benefit Schedule/Premium

PAYS FOR ACCIDENTAL LOSS OF	LIMITS
Life	\$10,000
Both Hands or Both Feet	\$10,000
Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
Speech	\$10,000
Hearing in Both Ears	\$10,000
One Hand or Foot	\$5,000
Sight of One Eye	\$5,000
Both Thumb and Index Finger of Either Hand	\$2,500
Accident Medical Expense Benefit, Maximum Amount	\$2,000
Accident Burial Expense Benefit, Maximum Amount	\$2,000
Unprovoked Murder and Assault Coverage	Covered
Premium – Plan A	\$18.00
Plan B	\$12.00

Date: _____

By: _____
Signature of Student (Parent/Guardian, if minor)