VOLUNTARY ACCIDENT INSURANCE

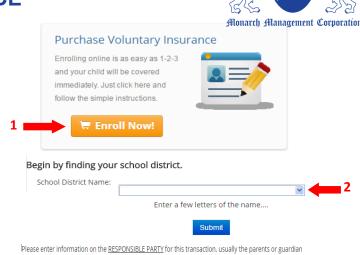
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HOW TO ENROLL:

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.



of the student for whom the insurance is being purchased.



Step 2 - Student Information

Student ID or SS #:

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.

	First Name: kk	
	Last Name: kk	
	Grade Choose gra	rade
	Product	
24 H	DUR	AT SCHOOL
	24 Hour Economy w/o sports	 At School Economy w/o sports
0	24 Hour Economy w/o sports + Dental	 At School Premier w/o sports
0	24 Hour Premier w/o sports	 At School Economy w/o sports + Dental
0	24 Hour Premier w/o sports + Dental	 At School Premier w/o sports + Dental
0	24 Hour Economy	At School Economy
0	24 Hour Economy + Dental	 At School Economy + Dental
0	24 Hour Premier	 At School Premier
0	24 Hour Premier + Dental	 At School Premier + Dental
FOOT	BALL	SPRING FOOTBALL
0	Football Grades 10-12 Economy	 Spring Football Economy
0	Football Grades 10-12 Economy + Dental	 Spring Football Economy + Dental
0	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.

Student Name	School	Product	Amount
TOTAL CHARGE:			
	6	Enter Another Student	
Cardholder Na	ime:		
Card T	Type Please	Select	•
Card Num	ber:		
Expiration Mo	onth Select		•
Expiration \	Year Select		*
	7 -		
		Continue	