

**NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY
STUDENT ACCIDENT INSURANCE (SCHOOL-TO-WORK)
APPLICATION AND WAIVER FORM**

School: _____

Program Coordinator: _____ Date: _____

Name of student: _____

Address: _____

Phone: _____

Date of Birth: _____ Grade: _____

Check one:

Yes*, we want the \$250,000 Accident policy with no deductible

No**, we have our own medical insurance (see below)

***Cost is \$7.00. Please attach check or money order payable to Myers Stevens & Toohey & Co., Inc.**

**If accident policy is not purchased, proof of medical insurance must be given:

Medical Insurance Carrier: _____

Policyholder Name: _____

Policy Group Number: _____

Effective Dates: _____

Note: District must keep this application for its records and must send a master list of the students who participate in the program along with one check for all students or individual checks/money orders from students. Payment should be made payable to Myers Stevens & Toohey & Co., Inc. Premium and applications must be sent on a timely basis.

Myers Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA. 92692-3203
Phone (800) 827-4695

Instructions

- 1) Complete enrollment form (only one form per year, per district needs to be completed)
- 2) Complete application/waiver form for individual students (keep these forms for your records)
- 3) Send payment, enrollment form and master list to Myers Stevens & Toohey & Co., Inc.
- 4) Please make additional copies of forms and applications, as needed

Please make checks payable to:

Myers Stevens & Toohey & Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203

***Important:** Keep records of **all** participants (i.e. student name, effective date of coverage, and school name) at school.*

**Please contact Poms and Associates at (800) 578-8802
or
Myers Stevens & Toohey & Co., Inc. at (800) 827-4695
should you have any questions.
Thank you.**
