OPTIMIST INTERNATIONAL
CLUB ACCIDENT MEDICAL INSURANCE PLAN

ENROLLMENT REQUEST

Name of Club _____ Club # _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone No. (_____) _____

Contact's Email Address _____ Website _____

Effective Date _____ Termination Date May 1, 2020

Type of activities to be covered _____

_____

Medical Maximum **$100,000**

Youth Sport Participant* / Club Member, Coach & Volunteer Participant

Annual Rate **Ages 9 & Under - $3.15** **Ages 18 & Under $4. 45** **Club Members, Coaches & Volunteers - $4.25**

Pro-Rated Participant Rates

If enrolling during the period of:	**Ages 9 & Under**	**Ages 18 & Under**	**Club Members, Coaches & Volunteers**
May 1st through July 31st	$3.15	$4.45	$4.25
August 1st through October 31st	$2.36	$3.34	$3.18
November 1st through January 31st	$1.58	$2.23	$2.13
February 1st through April 30th	$0.79	$1.11	$1.07

Number of Youth Sport Participants Ages 9 & Under* _____ x $_____ rate = $_____

Number of Youth Sport Participants Ages 18 & Under* _____ x $_____ rate = $_____

Number of Club Member, Coach & Volunteer Participants _____ x $_____ rate = $_____

Total Premium Amount** $_____

(**subject to a Minimum Premium – enter Minimum Premium if Total Premium Amount is less than the Minimum Premium as indicated below)

Certificate Fee $ 25.00

Total Premium and Certificate Fee Due **$_____**

*Coverage is available for Adult Optimist Sport Teams and Clubs outside of the Optimist International Youth Sports Accident Medical Plan. Please contact SMIC for an Adult Activity application.

**Minimum Premium calculation if enrolling during the period of:

May 1, 2019 – April 9, 2020 = $200 April 10, 2020 – April 16, 2020 = $150 April 17, 2020 – April 23, 2020 = $100 April 24, 2020 – April 30, 2020 = $50

Make Check Payable & Mail to:

Special Markets Insurance Consultants, Inc.
1055 Main Street, Suite 101
Stevens Point, WI 54481
(800) 727-7642

Or pay via Credit Card by faxing Enrollment Request and Credit Card form to: **(715) 344-6126**

I understand & agree that if this form is accepted by the company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium. Premium computation is subject to audit and may change based on final numbers. ***Premium must be in the office shown above within 72 hours of binding coverage. Minimum Premium and Certificate Fee are considered Fully Earned and are Non-Refundable.***

The above information is correct to the best of my knowledge.

_____ _____
Authorized Signature Name (printed)

_____ _____
Title Date