Application for Tuition Insurance Proposal

School and tuition information

_____

Name of school

_____

Street address   City   State   Zip

_____

Contact name   Title

_____

Phone number   Email

_____ / _____

School classification (military, pre-school, post grad, standard, etc.)   First day of school   Last day of school

Max tuition/fees per student	Tuition/fees for entire student body, less financial aid	Estimated number of students on installment payment plans
_____	_____	_____ _____ _____ _____ Full pay 2-Pay Monthly Other

Projected number of students

☐ Day   **Projected no. of students**   Pre-K _____   K _____   Grades 1-8 _____   Grades 9-12 _____

☐ Boarding   **Projected no. of students**   Pre-K _____   K _____   Grades 1-8 _____   Grades 9-12 _____

Current and desired tuition insurance coverage

Current plan design?   ☐ Optional   ☐ Mandatory for installment payers   ☐ Mandatory for all students

Current rate charged for tuition insurance _____ %   Current no. of students on tuition insurance plan _____

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Desired coverages

Check the box for each cause of loss you would like to request coverage and indicate a percentage of payment desired in the event of loss (from 0% to 100%)

If unsure of desired coverage, leave blank and we will use most commonly requested coverages and percentages.

☐ _____ % Medical withdrawal of student

☐ _____ % Academic discharge of student

☐ _____ % Involuntary unemployment of tuition payer

☐ _____ % Job transfer of tuition payer

☐ _____ % Disciplinary discharge of student

☐ _____ % Death of tuition payer

☐ _____ % Disease contamination

☐ _____ % Voluntary withdrawal (max 70%)

Discharge and withdrawal history — For current tuition insurance plan (if applicable)

List withdrawal history by type of withdrawal on the left and give number of students withdrawn and the months lost for each withdrawal reason.

Months Lost Example | Student starts on first day of school, Aug. 1. The student then withdrawals Oct. 1. The last day of school is June 1. The months lost for this student would be eight.

	2023/2024 YTD		2022/2023		2021/2022		2020/2021		Opt. data 2019/2020	
Total students enrolled in insurance plan										
	No. of students	Months lost	No. of students	Months lost	No. of students	Months lost	No. of students	Months lost	No. of students	Months lost
Medical										
Academic										
Disciplinary										
Death										
Job loss										
Disease / contamination										
Job transfer										
Voluntary*										

* this should not include students that withdrew before the school year starts.

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Discharge and withdrawal history — For entire student body

List withdrawal history by type of withdrawal on the left and give number of students withdrawn and the months lost for each withdrawal reason.

Months Lost Example | Student starts on first day of school, Aug. 1. The student then withdrawals Oct. 1. The last day of school is June 1. The months lost for this student would be eight.

	2023/2024 YTD		2022/2023		2021/2022		2020/2021		Opt. data 2019/2020	
Total student enrollment										
	No. of students	Months lost	No. of students	Months lost	No. of students	Months lost	No. of students	Months lost	No. of students	Months lost
Medical										
Academic										
Disciplinary										
Death										
Job loss										
Disease / contamination										
Job transfer										
Voluntary*										

* this should not include students that withdrew before the school year starts.

Name and title of person completing application:	Name _____	Title _____
	Signature _____	Date _____