

## **Form 2 - Insurance Option and Payment Form**

**Please fill in the following sections and send back by email or alternatively fax to +44 1253 774279.**

### **Section A - Insurance**

#### **Insurances**

Students are automatically covered by insurances unless parents inform us that they wish to opt out. Premiums will be charged in advance each term on the fee invoice.

#### **Personal Accident and Dental Insurance**

Serious accidents amongst students at Rossall, taking part in games and other energetic activities are very rare, but from time to time and in spite of all precautions, a student may be injured. However remote the chance is, such an accident can have very expensive consequences for the patient and his/her family.

Personal Accident and Dental Insurance provides benefits for loss of teeth due to accidents and covers the high cost of restorative dental treatment. This does not cover standard dental treatment. It is available at the cost of £4.75 per term.

#### **BUPA Medical Insurance (Private Medical Treatment)**

Parents are strongly advised to consider private medical treatment through membership of an insurance scheme. This cover can be provided by BUPA, at the low cost of £63.00 per term.

However, if parents wish their children to remain enrolled under their own private scheme the School Doctor would still like to know of the enrolment so that he can take appropriate action if treatment is necessary. Parents who do not wish to join the scheme must inform us of their decision.

#### **Rossall Fees Remission Insurance**

This insurance covers school fees for a period where a student is absent due to illness for a continuous period of more than seven days.

- If a student cannot return to Rossall after a holiday, owing to illness, accident or recognised quarantine, or is removed during term-time upon the recommendation of the Doctor for treatment which cannot adequately be given at Rossall.
- Due to Rossall (or one of the Boarding Houses) being closed, owing to infectious disease.

Claims are calculated on a daily basis and must be supported by a completed Medical Certificate (available from the Bursary) signed by a qualified doctor. The maximum amount of remission in one year will not exceed two terms. Insurance premium charges are available from the Fees Administrator Miss Kirstie Allen.

## Rossall Welcome Pack 2011



BUPA Medical Insurance	£63.00
Personal Accident and Dental Insurance	£4.75
Rossall Fees Remission. Insurance	(available on request)

Please complete the box below detailing which insurances you would like to take out.

**This is very important as your child will be covered automatically as a precaution. If you do not return this form your school account will be charged and you will be responsible to pay until you cancel the insurance.** Insurance can be cancelled by contacting the Fees Administrator, Miss Kirstie Allen, [k.allen@rossall.org.uk](mailto:k.allen@rossall.org.uk) or by phone +44 1253 774233.

Please circle Yes or No if you would like to purchase any of the following services:

BUPA	Yes	No
Personal Accident and Dental Insurance	Yes	No
Fees Remission Scheme	Yes	No

Student's Name:

Please tick this box to agree to the above

Name of Parent / Guardian:

Date:

## Section B - Payment

If you wish to pay by Debit / Credit Card or by Direct Debit please fill in the relevant section below.

### Payment by Debit / Credit Card

Should you wish to pay your account by debit or credit card, please complete the form below, and return it to the Bursary by email or fax. An administration charge of 1.5% will be made for all card payment except American Express, which will be 2.5%. Should you wish to pay your account every term, by credit or debit card, please complete the relevant section below. Please note that as school fees are strictly due to be paid, on or before the first day of term, this form must be received by, or before that date at the latest.

### Payment by Debit / Credit Card

Student's Name:  House:

I wish to pay my account by credit card:

Please mark the relevant sections

- This term only £
- Every term on or before the first day of term



My card number is:

Issue Number:   
Switch or Solo only

Expiry date of card:  /

Security Code:   
(Last 3 digits on signature strip)

Issue date of card:  /

Name as on the card:

Cardholder's address:   
*On UK addresses please ensure the house number and post code are provided*

- Please click this box to agree to pay by Debit / Credit Card

Name:

Date:  /  /

Telephone:

