



# 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, 2024

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  
 Youth High Risk Sport (*tackle football, rugby, soccer, ice hockey, lacrosse & downhill skiing*) Ages 9 & Under - \$5.40    Ages 18 & Under - \$7.40

#### Pro-Rated Participant Rates

If enrolling during the period of:	Ages 9 & Under	Ages 18 & Under	High Risk Sport		Club Members, Coaches & Volunteers
			Ages 9 & Under	Ages 18 & Under	
May 1 <sup>st</sup> through July 31 <sup>st</sup>	\$3.15	\$4.45	\$5.40	\$7.40	\$4.25
August 1 <sup>st</sup> through October 31 <sup>st</sup>	\$2.36	\$3.34	\$4.05	\$5.55	\$3.18
November 1 <sup>st</sup> through January 31 <sup>st</sup>	\$1.58	\$2.23	\$2.70	\$3.70	\$2.13
February 1 <sup>st</sup> through April 30 <sup>th</sup>	\$0.79	\$1.11	\$1.35	\$1.85	\$1.07

Number of Youth Sport Participants Ages 9 & Under*	_____	x \$ _____ rate	=	\$ _____
Number of Youth Sport Participants Ages 18 & Under*	_____	x \$ _____ rate	=	\$ _____
Number of Youth High Risk Sport Participants Ages 9 & Under*	_____	x \$ _____ rate	=	\$ _____
Number of Youth High Risk 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
<b>Total Premium and Certificate Fee Due</b>				<b>\$ _____</b>

\*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, 2023 – April 9, 2024 = \$200      April 10, 2024– April 16, 2024 = \$150      April 17, 2024 – April 23, 2024 = \$100      April 24, 2024 – April 30, 2024 = \$50

**Make Check Payable & Mail to:**

**Special Markets Insurance Consultants, Inc.**  
 1055 Main Street, Suite 101  
 Stevens Point, WI 54481  
 (800) 727-7642  
 (715) 344-6126

**Or pay via Credit Card by faxing Enrollment Request and Credit Card form to:**

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