

TIP Friendly Society

Student Plan Application for Period: September 20 _____ to August 20 _____

Name of School _____

Address of School _____

Name of Insured Student _____

Name of Insured Parent _____

Address _____ Tel: _____

Beneficiary _____ Relationship of Beneficiary to Insured: _____

Plan Selected: A B C D E F G H Amount Paid \$ _____

Signature
(Parent/Guardian/Teacher)

Date

OFFICE COPY



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