

# FACTs Optional Insurance Program

## For Returning Students Only

**Student's Name** (please print) \_\_\_\_\_

### **Peace of Mind (POM) Benefit:**

The POM Benefit will pay any eligible FACTS unpaid balance in the event of the death of the Responsible Party or his/her legal spouse. Coverage is only available to individuals under age 70. *If you choose a one-payment option, you are not eligible for POM.* Indicate your POM enrollment election below. If no option is selected, your current POM election will remain.

\_\_\_\_\_ Yes, please enroll me in POM.

I agree to pay the \$22.50 non-refundable annual fee, per agreement.

\_\_\_\_\_ No, please do not enroll me in POM.

Please return this form, to the school office no later than March 10, 2023. If we do not receive your form, we will assume there are no changes and you will be re-enrolled using the information currently on file.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name