

INSURANCE & GENERAL SERVICES

**STUDENT ACCIDENT POLICY
FOR STUDENTS STUDYING
AT THE BARBADOS COMMUNITY COLLEGE**

1 YEAR \$25.00

DURATION: AUGUST 2019 – JULY 2020

NAME:

ADDRESS:

.....

E-MAIL ADDRESS:

DATE OF BIRTH:

BENEFICIARY:

**THE COMPLETED FORM MUST BE
SUBMITTED ON ENROLLMENT & PAYMENT
DATE**

**TO BE LEFT IN THE ACCOUNTS
DEPARTMENT**