

Cell Phone Insurance Form

Please submit form to Amy Bartol.

Employee Name: _____ Cell Phone Number: _____

Address: _____ City and State: _____

I would like to add insurance to my existing cell phone plan for \$15/month with a deductible.

- I understand \$15 will be deducted from my paycheck monthly.
- I understand that any claims may be subject to a \$250 deductible.

Repair Claims

- You may submit up to 3 claims, excluding lost/stolen phone claims, in any consecutive 12-month period. If you have more than 3 claims within that period, it will be your responsibility to fix your phone.
- Claims/Costs:
 - o Cracked front screen repair: \$49 per claim.
 - o All other claim types: \$250 per claim.

Lost/Stolen Phone Claims

- 1st incident within any consecutive 12-month period: Employee pays \$250 deductible and will be issued a replacement phone.
- Any additional incidents within that same 12-month period: Employee is responsible for paying off the remaining installment payments for the lost/stolen phone and will be issued a replacement phone.

I would like to decline or remove insurance from my cell phone plan. I understand it is my responsibility to repair or replace my phone if it is damaged, lost, or stolen.

Signed: _____ Date: _____