

DEFINITIONS (continued)

Sickness: Illness, disease, and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness will also include normal pregnancy.

EXCLUSIONS

The Policy does not cover nor provide benefits for any of the following:

1. Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be Experimental/ Investigational in nature by Us; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Family Member.
2. Services that are provided normally without charge by Policyholder's student health center, services for fees provided by the Policyholder, or services rendered by any person employed by the Policyholder, including team Doctor and trainers, or any other service performed at no cost.
3. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.

EXCLUSIONS (continued)

4. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury.
5. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
6. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns.
7. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
8. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.
9. Surgery and/or treatment for acne; allergy, including allergy testing; nonmalignant warts, moles and lesions unless Medically Necessary; hair growth or removal; sleep disorders, including testing thereof and weight reduction.
10. Treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception.
11. Expenses incurred as a result of dental treatment, except as specifically stated.
12. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams, except as otherwise provided.
13. Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
14. Elective abortions.
15. Injury resulting from the practicing for, participating in, or traveling as a team member to and from intercollegiate or professional sports, racing or speed contests, skin diving, scuba diving, hang gliding, parasailing, sky diving, or mountaineering (where ropes or guides are customarily used).
16. Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three, or four- wheeled recreational motor/engine driven vehicle or all terrain vehicle (ATV) or bungee jumping.
17. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Conditions are not covered for the first 6 months following a Covered Person's Effective Date of coverage under the Policy. This limitation will not apply if:

1. The Covered Person has been continuously insured under the Policy for more than 12 months. "Continuously insured" means a person has been continuously insured under the Policy and prior student health insurance policies issued to the Policyholder. Persons who have remained continuously insured will be covered for Sickness or Injury which was payable while continuously insured except for expenses payable under prior policies in the absence of the Policy. Previously insured students must re-enroll for coverage within 30 days of the end of the prior coverage in order to avoid a break in coverage for Sickness or Injury which existed in prior policy years. Once a break in continuous coverage occurs, the definition of Sickness or Injury will apply in determining coverage of any Sickness or Injury which existed during such break; or
2. The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. We will credit the time the individual was covered under prior Creditable Coverage; and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

CLAIM PROCEDURE

In the event of Sickness or Injury:

1. Students should obtain treatment from the Blue Raider Sports Medicine first. If the Blue Raider Sports Medicine is closed, or if you feel your illness is an emergency, students should obtain treatment from the nearest Doctor or Hospital.
2. If an Insured goes to a Doctor's office or to the Hospital, the Insured should present his/her insurance identification card. The Insured should carry his/her Insurance ID card at all times.
3. Obtain claim forms by contacting the Claims Administrator at 1-800-243-6298, or download a claim form at: www.1stagency.com/claimforms.htm.
4. Send the completed claim form, along with all itemized medical and Hospital bills to the Claims Administrator: First Agency, Inc. 5071 West H Avenue, Kalamazoo, MI 49009-8501.
5. Please note that prescriptions will need to be paid for in full by the Insured at the time of purchase. The Insured may then submit a claim for reimbursement of the portion the Company is responsible for paying.
6. If an Insured has questions about the status of a claim after it has been submitted, please call the Claims Administrator at 1-800-243-6298.

All hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce the insured's claim if it was not reasonably possible to file the claim within this time, provided that the claim is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

Always keep a copy of all documents submitted for claims.

HOW TO FILE AN APPEAL

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator, First Agency, Inc. 5071 West H Avenue, Kalamazoo, MI 49009-8501.

CERTIFICATE OF QUALIFYING HEALTH PLAN COVERAGE

If an Insured is no longer eligible to be insured under the plan, the Insured should request a Certification of Qualifying Health Plan Coverage from First Agency, Inc. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

The information about claims is available from the administration office shown below:



Administered by:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
(800) 243-6298

The Underwriting Company
National Guardian Life Insurance Company
Madison, WI 53703

Served by:
Commonwealth Risk Solutions, Ltd.
P.O. Box 24233
Louisville, KY 40224
Toll Free: 866-381-7954

SCHEDULE OF BENEFITS

We will pay Reasonable and Customary charges per covered Injury or Sickness incurred during the Policy Year. Treatment must begin within 60 days of covered Injury or Sickness. Covered Charges include services at the Health Center, as well as the following benefits, per Injury or Sickness:

| INJURY | | |
|---|---|---|
| Maximum Benefit | Up to \$7,500.00 per policy year (payable only after \$2,500.00 in benefits under the Student Accident Insurance Plan have been paid) | |
| Hospital Room & Board, up to semi-private room rate. | 80% of Reasonable and Customary Charges | |
| Hospital Miscellaneous Expense, including cost of operating room, laboratory tests, x-ray examinations, anesthesia, and therapeutic services and supplies..... | 80% of Reasonable and Customary Charges | |
| Outpatient Miscellaneous Expense, including Doctor Visits, Hospital charges for outpatient surgery, administered medications | 80% of Reasonable and Customary Charges | |
| Surgery - When multiple surgical procedures are performed during the same operative session through the same incision, the most expensive procedure will be paid first, then 50% of the less expensive surgical procedures will be considered Covered Charges | 80% of Reasonable and Customary Charges | |
| Assistant Surgeon | 25% of surgeon expense | |
| Anesthetist | 25% of surgeon expense | |
| Laboratory and x-ray services, surgical dressings and surgical apparatus..... | 80% of Reasonable and Customary Charges to a maximum of \$1,000.00 | |
| Emergency Room Service | 80% of Reasonable and Customary Charges to a maximum of \$750.00 | |
| Prescription Drugs | 80% of Reasonable and Customary Charges to a maximum of \$500.00 | |
| Durable Medical Equipment, including plaster casts and use of wheelchair or crutches | 80% of Reasonable and Customary Charges | |
| Accident Dental Injury to sound, natural teeth | 80% of Reasonable and Customary Charges to a maximum of \$300.00 | |
| SICKNESS | | |
| Maximum Benefit | Up to \$10,000.00 per policy year | |
| Hospital Room & Board, up to semi-private room rate | 80% of Reasonable and Customary Charges | |
| Hospital Miscellaneous Expense, including cost of operating room, laboratory tests, x-ray examinations, anesthesia, and therapeutic services and supplies..... | 80% of Reasonable and Customary Charges | |
| Outpatient Surgery..... | 80% of Reasonable and Customary Charges to a maximum of \$1,000.00 | |
| Outpatient Miscellaneous Expense, including: | 80% of Reasonable and Customary Charges to a maximum of \$500.00 | |
| • Emergency room expense | • Administered Medications | • Hospital charges for outpatient surgery |
| • Pregnancy and pap smears | • Diagnostic laboratory and x-ray service | • Doctor Visits |
| • Mental and nervous disorders | • Prescription drugs including contraceptives | |

1. LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED UNDER THIS PLAN.

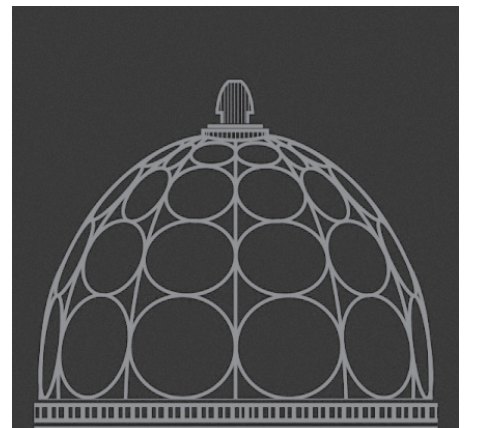
| LAST NAME | FIRST NAME | MI | DATE OF BIRTH (MM/DD/YY) | STUDENT ID# | SEX |
|-----------|------------|----|--------------------------|-------------|---|
| SPOUSE | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |

2. MAKE CHECK OR MONEY ORDER PAYABLE TO: FIRST AGENCY, INC.
3. RETURN PAYMENT WITH ENROLLMENT FORM TO: FIRST AGENCY, INC., 5071 WEST H AVENUE, KALAMAZOO, MI 49009-8501
4. STUDENT MUST SIGN FORM BELOW.
I AM ENROLLED IN THE STUDENT INJURY AND SICKNESS INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE APPLYING. I HAVE READ THE CONDITIONS CONCERNING DEPENDENT COVERAGE IN THIS BOOKLET.

STUDENT'S SIGNATURE _____ DATE SIGNED _____



STUDENT INJURY AND SICKNESS INSURANCE PLAN



LINDSEY WILSON COLLEGE

2011-2012

To download claim forms or ID cards, Please visit www.1stagency.com

Policy Number 16N-125-002-P



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IMPORTANT NOTICE

Students should obtain treatment from the Blue Raider Sports Medicine first. If the Blue Raider Sports Medicine is closed, or if you feel your illness is an emergency, students should obtain treatment from the nearest doctor or hospital.

Blue Raider Sports Medicine
 Phone: 270-384-8238 • Fax: 270-384-8239
 Hours (when school is in session):
 Insurance Office: Mon. - Fri. 7:30 a.m. - 4:30 p.m.
 Nurse's hours are posted each semester for your convenience. Phone (Nurse): 270-384-8138

ELIGIBILITY

All registered, main campus students taking a minimum of six (6) credit hours are automatically enrolled in the plan at registration, unless evidence of primary medical insurance is provided to the College before the Waiver Deadline Date, September 10, 2011. Eligible students who waive coverage under this plan may elect to enroll later if they involuntarily lose their prior insurance coverage due to no fault of their own.

Students must actively attend classes for at least the first 31 days from their effective date of coverage. Home study, correspondence and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes. Any student who does not attend classes during the first 31 days will not be covered under the Policy and a full refund of premium will be made.

Insured Students may also enroll their eligible dependents in the plan. An eligible dependent is the Insured Student's: 1) spouse residing with the Insured Student; or 2) unmarried children under the age of 19 years (25 if a full-time student at an accredited school.)

A newly acquired dependent child will be covered under the Policy for the first 31 days after: 1) birth of a newly born child; or the earlier of 2) the effective date of adoption. Coverage for such child will be for Sickness or Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and necessary nursery care.

The Insured Student will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Insured Student must, within 31 days after the birth, adoption or placement for adoption: 1) notify the Company in writing; and 2) pay the required additional premium for the continued coverage. If the Insured Student does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been and continue to be met. If and whenever the Company discovers that the Policy eligibility requirements have not been or are not being met, its only obligation is to refund the premium less any claims paid.

ENROLLMENT

All eligible students who have not waived coverage by the Waiver Deadline Date will be automatically enrolled in the plan at the beginning of the school year. The cost of the coverage is charged to the student account at registration. Students who wish to waive coverage under the plan must submit a waiver form and proof of insurance to the College by the Waiver Deadline Date. If an eligible student waives out of the plan and later involuntarily loses his or her qualifying prior coverage, the student should notify the school to be enrolled in this plan. Students enrolling as new or transfer students in the Spring Term will also be enrolled automatically through the school, unless a waiver form and proof of insurance are submitted to the College by the Waiver Deadline Date. Eligible Students must pay the entire premium for the term in which they are enrolling.

Eligible Dependents may enroll by completing the attached enrollment form and remitting the appropriate premium to the Company by the Enrollment Deadline Date. Newly acquired dependents (spouse and/or children) are not subject to the Enrollment Deadline Dates. However, the enrollment form and full premium payment for all newly acquired dependents (spouse and/or children) must be postmarked within 31 days of the attainment of such dependents. Failure of the student to enroll for dependent coverage within the 31 day enrollment period shall be construed as rejection of coverage. Otherwise, enrollment forms and premiums cannot be accepted after the Enrollment Deadline Date listed.

Dependents must be enrolled for the same term of coverage for which the insured student is enrolled. Coverage for eligible dependents will not be effective prior to that of the insured student or extend beyond that of the insured student, except as provided under the Extension of Benefits.

COSTS OF COVERAGE

| | Annual | Spring |
|------------|-----------|-----------|
| Student | \$ 235.00 | \$ 126.00 |
| Spouse | \$ 945.00 | \$ 567.00 |
| Each Child | \$ 672.00 | \$ 403.00 |

Eligibility requirements must be met each time premium is paid to continue coverage. The above student rates include a school administrative fee.

REFUNDS

No premium refunds are permitted, except as specifically stated in the Policy for a student who does not attend classes for the first 31 days or when an Insured enters full-time active military service, at which time a pro rata refund of premium paid will be made upon written request.

TERMS OF COVERAGE

The policy becomes effective at 12:01 a.m. on August 1, 2011. Coverage for eligible students will become effective at 12:01 a.m. on August 1, 2011 unless a waiver form and proof of insurance are submitted by the Waiver Deadline Date.

Coverage for new students, as well as coverage for students who have previously waived coverage and are enrolling due to an involuntary loss of coverage will become effective at 12:01 a.m. on the latest of: 1) the effective date of the term for which premium has been paid; or 2) the day immediately following the date on which the student is enrolled and premium has been paid.

Coverage for Eligible Dependents becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked before this date. If the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked.

Coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy terminates for all Insured Persons;
2. The last day of the Term of Coverage for which premium is paid;
3. The date an Insured Person ceases to be eligible for the insurance; or
4. The date an Insured Person enters Military Service.

| Term | Effective Date | Termination Date | Student Waiver Deadline | Dependent Enrollment Deadline |
|---------|----------------|------------------|-------------------------|-------------------------------|
| Annual | 8/1/11 | 8/1/12 | 9/10/11 | 9/10/11 |
| Spring* | 1/17/12 | 8/1/12 | 2/10/12 | 2/10/12 |

*Only students new for Spring or students who waived in the Fall but then had an involuntary Loss of Coverage may enroll in the Spring Term.

There is no continuous coverage for this plan for students and/or dependents who are no longer eligible.

We do not send termination notices. It is the Insured's responsibility to initiate coverage in a timely manner, subject to continuing eligibility.

MANDATED BENEFITS

The following benefits are mandated in the State of Kentucky. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions on the Policy as well as all other terms and conditions applicable to any other covered Sickness.

Mandated benefits, include but are not limited to: Health care treatment or services rendered by an Ambulatory Surgical Center are paid on the same basis as coverage provided for the same health care treatment or services rendered by a Hospital; surgical and non-surgical treatment of temporomandibular joint disorders and craniomandibular jaw disorders; mammograms at certain intervals; treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation. Please see the complete Policy on file with the Policyholder for full details.

EXCESS PROVISION

Even if you have other insurance, the Policy may cover unpaid balances, deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for Injury or Sickness which is paid or payable by Other Medical insurance.

EXTENSION OF BENEFITS

The coverage provided under the Policy ceases on the termination date, except under the following conditions:

1. If the Insured is receiving treatment for a Sickness or Injury on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Covered Charges incurred until the earliest of: a) the end of the Sickness or Injury; b) the end of the 90-day period following the date his or her coverage terminated; or c) the date the applicable maximum amount is reached.
2. If the Insured is Hospital Confined on the date the Policy terminates, We will extend that Insured's benefits. Benefits will be paid as if coverage had remained in effect. This Extension of Benefits will end at the earlier of: a) the date continuous Hospital Confinement ends; b) the end of a 12 month period following the date the Policy terminates; or c) the date the applicable maximum amount is reached.
3. If the Insured is Totally Disabled on the date his or her coverage terminates, benefits will be payable for the Covered Charges incurred until the earliest of: a) the end of Total Disability; b) the end of the 12-month period following the date his or her coverage terminated; or c) the date the applicable maximum amount is reached.

Total Disability/Totally Disabled means, with respect to the Insured, the inability to attend classes at the location where he is enrolled. With respect to a Dependent, or the Insured if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

The total payments made in respect to the Insured for such condition both before and after the termination date will never exceed the maximum benefit. After the Extension of Benefits provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

This Extension of Benefits provision is applicable only to the extent the Insured will not be covered under this or any other health insurance policy in the ensuing term of coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT

If, within 180 days from the date of an Accident which occurs while coverage is in force, Injury from such Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss. If more than one such loss is sustained as the result of one Accident, We will pay only one amount, the largest to which the Covered Person is entitled.

| For Loss of | Amount |
|--------------------------|------------|
| Life..... | \$5,000.00 |
| Two or More Member | \$5,000.00 |
| One Member..... | \$5,000.00 |

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

In addition to the above, this provision is subject to the Exclusions as described herein.

DEFINITIONS

Covered Charge: The Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Doctor: A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member.

Hospital: An institution licensed, accredited or certified by the State which: Is accredited by the Joint Commission on Accreditation of Healthcare Organizations; Provides 24-hour nursing service by licensed registered nurses (R.N.); Mainly provides diagnostic and therapeutic care under the supervision of Doctors while Hospital Confined; and Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities. Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest; the aged; a nursing home; or an institution mainly rendering treatment or services for Mental or Nervous Disorders; or an institution mainly rendering treatment or services for substance abuse, except as specifically provided in the Policy.

Hospital Confined/Hospital Confinement: Confinement in a Hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable.

Injury: Bodily injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single injury.

Other Medical Insurance: Any reimbursement for or recovery of any element of Covered Charges incurred available from any other source whatsoever, except gifts and donations, but including without limitation: Any individual, group, blanket, or franchise policy of accident, disability or health insurance; any arrangement of benefits for members of a group, whether insured or uninsured; any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations; any amount payable for hospital, medical or other health services for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy; any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his rights to recover future

DEFINITIONS (continued)

medical expenses that would have been payable except for that settlement; Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he becomes disabled while insured hereunder; any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

Pre-existing Condition: A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

Reasonable and Customary Charges, Fees or Expenses: An amount equal to the lesser of: The actual amount charged by the provider; the negotiated rate, if any; or the reasonable charge as determined by the Payment System software as shown in the Schedule.

**2011-2012 LINDSEY WILSON COLLEGE
 STUDENT INJURY AND SICKNESS INSURANCE PLAN
 STUDENT VOUCHER AND DEPENDENT
 ENROLLMENT FORM**

**ALL STUDENTS WHO HAVE NOT WAIVED COVERAGE
 MUST COMPLETE AND SUBMIT THIS VOUCHER.**

**IF ENROLLING DEPENDENTS, PLEASE COMPLETE
 THE BACK OF THE FORM AND SUBMIT THE
 REQUIRED PAYMENT AS INDICATED.**

1. PLEASE PRINT CLEARLY

| | | |
|--|------------------------------------|---------------------------------|
| STUDENT'S LAST NAME | | |
| STUDENT'S FIRST NAME | INITIAL | |
| STUDENT'S PERMANENT MAILING ADDRESS - STREET | | APT/BOX # |
| CITY | STATE | ZIP |
| STUDENT'S PHONE NUMBER | STUDENT'S DATE OF BIRTH (MM/DD/YY) | |
| STUDENT'S ID NUMBER | | |
| STUDENT'S E-MAIL ADDRESS | | |
| STUDENT'S CELL PHONE # | | |
| <input type="checkbox"/> MALE | | <input type="checkbox"/> FEMALE |

2. MARK THE PLAN(S) YOU HAVE SELECTED

| DEADLINE DATE | ANNUAL | SPRING/SUMMER |
|---------------|--------------------------------|--------------------------------|
| | 8/1/11 TO 8/1/12 | 1/17/12 TO 8/1/12 |
| STUDENT | <input type="checkbox"/> \$235 | <input type="checkbox"/> \$126 |
| SPOUSE | <input type="checkbox"/> \$945 | <input type="checkbox"/> \$567 |
| EACH CHILD | <input type="checkbox"/> \$672 | <input type="checkbox"/> \$403 |

COST FOR STUDENT COVERAGE WILL BE CHARGED TO STUDENT ACCOUNT.

ENROLLMENT FORM AND PREMIUM MUST BE RECEIVED OR POSTMARKED BY THE DEADLINE DATE LISTED, EXCEPT FOR NEW DEPENDENTS.

3. IF ENROLLING DEPENDENTS, COMPLETE THE REVERSE SIDE OF THIS FORM.

4. ALL STUDENTS MUST SIGN FORM BELOW.
 By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of this coverage.

STUDENT'S SIGNATURE _____ DATE _____