

**WILLIAM RAINEY HARPER COLLEGE 2011-2012  
ENROLLMENT FOR STUDENT HEALTH INSURANCE**

STUDENT'S NAME \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Check the premium rate(s) for coverage desired.

	<b>Annual</b>		
	<b>August 15, 2011 to August 15, 2012</b>		
	Plan I	Plan II	
Student	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1,320	
Spouse	<input type="checkbox"/> \$2,067	<input type="checkbox"/> \$3,307	
Child(ren)	<input type="checkbox"/> \$1,513	<input type="checkbox"/> \$2,421	

	<b>Fall</b>		
	<b>August 15, 2011 to January 1, 2012</b>		
	Plan I	Plan II	
Student	<input type="checkbox"/> \$458	<input type="checkbox"/> \$733	
Spouse	<input type="checkbox"/> \$1,147	<input type="checkbox"/> \$1,835	
Child(ren)	<input type="checkbox"/> \$840	<input type="checkbox"/> \$1,344	

	<b>Spring/Summer</b>		
	<b>January 1, 2012 to August 15, 2012</b>		
	Plan I	Plan II	
Student	<input type="checkbox"/> \$525	<input type="checkbox"/> \$840	
Spouse	<input type="checkbox"/> \$1,314	<input type="checkbox"/> \$2,103	
Child(ren)	<input type="checkbox"/> \$962	<input type="checkbox"/> \$1,540	

Enclosed is my remittance for \$ \_\_\_\_\_

Make check or money order payable to:  
First Agency, Inc.  
5071 West H Ave.  
Kalamazoo, MI 49009

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

You are encouraged to enroll online at  
[www.1stagency.com/college.htm](http://www.1stagency.com/college.htm)  
Click on "Pay Premium" under  
William Rainey Harper College.

NOTE: IF SEMI-ANNUAL COVERAGE IS PURCHASED, IT IS THE STUDENT'S RESPONSIBILITY TO MAKE SURE THAT THE SECOND & SUBSEQUENT PAYMENTS ARE RECEIVED BY FIRST AGENCY. IF PAYMENTS ARE NOT RECEIVED PRIOR TO THE TERMINATION DATE, CONTINUOUS COVERAGE WILL NOT BE MAINTAINED.

**NO REFUNDS ARE AVAILABLE.**

**WILLIAM RAINEY HARPER COLLEGE  
2011-2012**

**SUPPLEMENTARY ENROLLMENT FOR  
FAMILY COVERAGE**

I wish to extend my own coverage to include my following dependents (spouse and unmarried children under age 26, see Eligibility.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SPOUSE DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CHILD DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CHILD DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CHILD DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CHILD DATE OF BIRTH

STUDENT'S NAME (PRINTED) \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PRE-EXISTING CONDITIONS LIMITATION**

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

1. 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
2. Whose most recent prior Creditable Coverage was under an employer group health plan; and
3. Who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

**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 valid and collectible insurance. However, this excess provision will not be applied to the first \$100 of medical expenses incurred.

**MANDATED BENEFITS**

Illinois mandates coverage for the following benefits: Hospital confinement for mother and child for 48 hours following vaginal delivery and 96 hours following caesarean delivery. If shorter length of hospital stay, coverage includes a post-discharge doctor office visit or in-home nurse visit in the first 48 hours after discharge; initial prosthetic device and reconstructive surgery incident to mastectomy; mammograms at certain intervals; annual cervical smear or pap test; prostate specific antigen test at age 40 and older; outpatient diabetes self-management training; diabetes equipment and pharmaceuticals; colorectal cancer exams and lab tests in accordance with American Cancer Society guidelines; treatment of serious mental illness; treatment of alcoholism while hospital confined; autism spectrum disorders and medically necessary bone mass measurement and diagnosis and treatment of osteoporosis the same as any other Sickness; Outpatient contraceptive services, drugs and devices approved by the FDA (if prescription drug coverage is provided.); clinical breast examinations; pain therapy and medications for the treatment of breast cancer; non-FDA approved drugs for certain types of cancer; HPV vaccines; amino acid based elemental formulae; rehabilitative services for children under 19; shingles vaccinations for persons 60 or older; prenatal HIV testing; prescription inhalants; physical therapy for treatment of multiple sclerosis; treatment of infertility. All Illinois mandates are paid the same as any other sickness unless specifically stated otherwise. Please see the policy on file with the policyholder for complete details.

**IN THE EVENT OF INJURY OR SICKNESS  
IN A NON-EMERGENCY SITUATION, REPORT AT  
ONCE TO THE STUDENT HEALTH CENTER.**

**CLAIM PROCEDURE**

1. Secure a claim form from the Health Center at the college or from First Agency and follow the instructions. (Available online at [www.1stagency.com/claimforms.htm](http://www.1stagency.com/claimforms.htm))
2. Bills must be received by the Company within 90 days of service or as soon as reasonably possible to be considered for payment.

**SERVICING AGENT**

**First Agency, Inc.**  
**5071 West H Ave.**  
**Kalamazoo, MI 49009-8501**  
**Ph: (269) 381-6630**  
**Fax: (269) 381-3055**

Proof of loss must be submitted to the address above within 90 days from the date of Injury or Sickness.

In the event it becomes necessary to check on the status of your filed claim, you may call the Claims Office from 7:30 a.m. to 4:30 p.m. (Eastern Standard Time), Monday through Friday. The telephone number is: (269) 381-6630.

**IMPORTANT NOTICE**

This brochure sets forth the main points of the Accident and Sickness Program in force for William Rainey Harper College. It is not a contract. Terms and conditions are set forth in policy number Issued to William Rainey Harper College. If any conflict exists between the brochure and the policy, the policy will govern the payment of benefits. The policy may be seen at the College during business hours. Please keep this material with your important papers.

No premium refunds are permitted except when the student enters full-time active military service, in which case a pro-rata refund will be made upon request.

This is a non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage. No renewal notices will be sent.

Notice of Privacy Practices For Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by Us, and of your rights and our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of your initial enrollment at the school by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501

**WILLIAM RAINEY HARPER COLLEGE  
Student Medical Benefit Plan - I.D. Card**

This is to certify that as of August 15, 2011, insurance coverage is provided in accordance with all terms and provisions of Policy No. 124-125-070-P issued to the above named college for the student named below.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This coverage expires August 15, 2012.

Underwritten by:

**G • T • L**  
Guarantee Trust Life Insurance Company  
A Mutual Company  
1275 Milwaukee Avenue  
Glenview, Illinois 60025



Administered By:  
**First Agency, Inc.**  
5071 West H Avenue  
Kalamazoo, MI 49009  
Phone (269) 381-6630  
Fax (269) 381-3055  
[www.1stagency.com](http://www.1stagency.com)

Claim forms and plan benefits available on website:  
[www.1stagency.com/claimforms.htm](http://www.1stagency.com/claimforms.htm)

**Student  
Injury & Sickness  
Insurance Plan**

**Designed for the Students of**

**WILLIAM RAINEY HARPER  
COLLEGE**

**2011-2012**



**First Agency, Inc.**  
5071 West H Avenue  
Kalamazoo, MI 49009  
Phone (269) 381-6630  
Fax (269) 381-3055  
[www.1stagency.com](http://www.1stagency.com)

**POLICY # 124-125-070-P**

**ELIGIBILITY**

All full-time and part-time students attending William Rainey Harper College are eligible to participate in this program. Students may also secure family coverage. Eligible Dependents are the spouse (residing with the Insured Student) and unmarried children, under 26 years of age, who are not self-supporting and reside with the Insured Student, (30 years of age, if the dependent is an Illinois resident, served as a member of the active or reserved components of any of the branches of the Armed Forces, and has received a release or discharge other than a dishonorable).

**EFFECTIVE DATE**

The Policy takes effect at 12:01 a.m., on August 15, 2011 at the address of William Rainey Harper College. Insured Students and Dependents will be covered at home, at school, or while traveling, 24 hours a day while insured, including interim vacation periods.

Annual and First Semester coverage is effective at 12:01 a.m. on August 15, 2011 or the day after payment is received, if later. Dependent coverage will not be effective prior to that of the Insured Student. For new students enrolling for Second Semester, coverage will start on January 1, 2012, or the day after payment is received, if later.

Coverage for Fall Semester enrollees terminates January 1, 2012 unless second semi-annual premium has been paid. All other coverage terminates on August 15, 2012. IT IS THE STUDENT’S RESPONSIBILITY TO SUBMIT THE SECOND SEMI-ANNUAL PREMIUM prior to January 1, 2012 in order to maintain continuous coverage.

**TERMINATION DATE**

The termination date of the policy is August 15, 2012 and the individual Insured’s coverage will end on that date or at the close of the period for which premium has been paid, whichever should occur first. However, the coverage terminates if the student enters military service and a pro-rata refund will be made from the date written request is received. Otherwise, no refunds will be made.

**ENROLLMENT**

Enrollment is only allowed during the open enrollment period which is 8/15/11 to 9/22/11. Second semester enrollment is only allowed during the spring open enrollment 1/1/12 to 2/17/12. Exceptions will be made for the following:

1. Adding a new spouse or Dependent child (within 31 days of marriage, birth or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of Ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.
4. Students entering Allied Health Programs.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

If, within 90 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.

Accidental Death .....	\$2,000.00
Accidental Dismemberment	
Both Hands, Feet or Eyes .....	\$2,000.00
One Hand and One Foot .....	\$2,000.00
Hand or One Foot and One Eye.....	\$2,000.00
Either Hand or Foot.....	\$1,000.00
Sight of One Eye .....	\$1,000.00

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. Any benefit payable under this part will be in addition to any benefit otherwise payable under this Policy.

**MEDICAL EXPENSE BENEFIT SCHEDULE**

**INJURY**

When an Insured receives medical treatment by a Doctor, any hospital care or service while hospital confined or on an outpatient basis, X-ray examinations, the services of a registered graduate nurse, or professional local ambulance service, for an Injury incurred while insured hereunder and for which treatment is received within 30 days of the date of Injury, the Company will pay the Reasonable and Customary charges actually incurred within 52 weeks from the date of Injury up to the limitations shown below subject to a \$2,000 maximum per Injury.

**SICKNESS**

When an Insured receives medical treatment by a Doctor for Sickness, which causes a loss while Insured hereunder, the Company will pay the Reasonable and Customary charges actually incurred within 52 weeks of the date of the first treatment for Sickness, up to the limitations shown below subject to a maximum of \$2,000 per covered Sickness.

<b>INPATIENT BENEFITS</b>	<b>PLAN I</b>	<b>PLAN II</b>
1. Deductible .....	None	None
2. Daily Room and Board - Semi-Private when hospital confined at a rate per day up to .....	\$500.00	\$1,000.00
3. Miscellaneous Hospital Charges for use of operating room, anesthesia, X-ray examination (not treatment), laboratory tests, drugs or medicines, therapeutic services or supplies when hospital confined and while receiving room and board benefits above up to ..	\$1,000.00	\$2,000.00
4. Surgical Operations - Inpatient & Outpatient in accordance with the Schedule up to .....	\$1,500.00	\$3,000.00
5. Administration of Anesthetics - Inpatient & Outpatient up to 25% of the amount of the surgical benefit up to .....	\$375.00	\$750.00
6. Ambulance Service to and from confinement per accident or sickness.....	\$400.00	\$800.00
7. Doctor Visits beginning with the first call when hospital confined .....	\$60.00	\$120.00

**OUTPATIENT BENEFITS**

Doctor Visits:

	<b>PLAN I</b>	<b>PLAN II</b>
1. Deductible .....	None	None
2. Sickness (beginning with 2nd visit Plan I and 1st visit Plan II) not requiring hospitalization .....	\$60.00	\$120.00
Injury (beginning with the first visit).....	R&C	R&C
No payment shall be made for medical treatment received on the day of any surgical operation or during convalescence there from if payment is made to the Insured for such operation.		
3. Dental Treatment (Injury only) for Injury to sound, natural teeth up to .....	\$375.00	\$750.00
4. Physiotherapy when prescribed by the attending Doctor per visit per day, to a maximum of 5 visits .....	\$60.00	\$120.00
5. Consultant requested and approved by the attending Doctor up to .....	\$400.00	\$800.00
6. Diagnostic X-ray and Laboratory Procedures when prescribed by the attending Doctor for each diagnosed illness or Injury up to .....	\$300.00	\$600.00
7. Hospital Emergency Care Out-Patient Expense (includes out-patient contraceptive services) when referred by Student Health Service (if available) not including medication, up to.....	\$400.00	\$800.00

**MAJOR MEDICAL SUPPLEMENT**

When benefits of at least \$2,000.00 have been paid under the Base Plan, We will pay 80% of the Reasonable and Customary medical expenses which exceed the benefits paid under the Base Plan and which are incurred while the Policy is in force as to the Insured. A maximum payment of \$25,000.00 for all benefits under both the Base Plan and the Major Medical Supplement will be allowed. Hospital room and board benefits are limited to the semi-private rate. Benefits are payable up to 52 weeks from the date of Sickness or Injury.

**EXCLUSIONS**

We won’t pay benefits for:

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. This exclusion will not apply to coverage for investigational cancer treatments if the Policyholder has selected such optional coverage; 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, hospital or infirmary, 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.
4. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion.

**EXCLUSIONS (continued)**

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, except as provided for Dependent newborns.
7. Cosmetic surgery, except as the result of Injury occurring while the Policy is in force as to the Covered Person.
8. Congenital conditions, except as specifically provided for newborn or adopted infants.
9. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
10. Injury caused by or resulting from being legally intoxicated, as defined by the jurisdiction in which an Accident occurs.
11. 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. This exclusion does not apply to Insured students while taking flight instructions for college credit.
12. Preventive medicines or vaccines, except as specifically stated.
13. Outpatient Prescription Drugs.
14. Temporomandibular Joint Dysfunction (TMJ).
15. Surgery and/or treatment for acne; allergy, including allergy testing; breast implants or breast reduction unless Medically Necessary; circumcision, unless Medically Necessary; deviated nasal septum, including submucous resection and/or other surgical correction thereof unless due to Injury; family planning; learning disabilities; nonmalignant warts and lesions unless Medically Necessary; obesity, except morbid obesity; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; premarital examinations; sleep disorders, including testing thereof; tubal ligation and vasectomy.
16. Hernia of any kind including treatment of inguinal hernia.
17. Routine physical examinations; health examinations; or preschool physical examinations including routine care of a newborn infant, other than Hospital nursery expense of a Dependent newborn baby.

**EXCLUSIONS (continued)**

18. 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.
19. Expenses for orthopedic appliances including charges for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
20. Elective abortions.
21. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted Injury.
22. Travel in or upon any two or three-wheeled motor vehicle.
23. Practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, club, professional and semiprofessional sports, racing or speed contests, skin diving or sky diving, or mountaineering (where ropes or guides are customarily used).
24. Injury resulting from participating in any conditioning program for sport-related contests or competitions.
25. Expenses incurred as a result of dental treatment, except as specifically stated.
26. Motor vehicle Accidents to the extent covered by other valid and collectible insurance Policy.

**DEFINITIONS**

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

**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.

**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.

**Pre-existing Condition:** A Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within 12 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.