

Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Accident and Sickness Insurance (hereinafter called "plan" or "Plan") underwritten by Guarantee Trust Life Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or sickness, including those which occur off campus and during interim vacations.

All full-time students will be included in this plan unless they provide evidence of comparable coverage by September 4th, 2009. The cost of this insurance will be included in the student's fee statement.

ELIGIBILITY

All full-time students attending Crown College are automatically covered under this program unless a Waiver Form is returned to the College Student Billing Office by the waiver date of September 4th, 2009. If you have comparable health insurance coverage and wish to waive this plan, you may complete the enclosed waiver card or waive online at www.1stagency.com. Online waiver instructions are as follows:

- 1. Go to www.1stagency.com, click on Programs
2. Click on College Student Accident and Sickness
3. Click on the Waive coverage button under Crown College
4. Complete waiver form and submit. You will receive confirmation that your waiver has been received. Keep this for your records. The insurance premium will be removed from your student account.

Part-time students taking at least 6 credit hours are also eligible to enroll in this plan. Students must be physically and actively attending classes on campus to enroll in this plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student. Eligible dependents are the spouse residing with the Insured Student and unmarried children under 25 years of age who are not self-supporting and reside with the Insured Student.

The Plan Administrator reserves the right to determine if the student has met the Eligibility requirements. If the Plan Administrator later determines the Eligibility requirements have not been met, its only obligation is to refund premium.

ENROLLMENT DEADLINE

For Part-time students taking at least 6 credit hours and all Eligible dependents, enrollment is only allowed during the open enrollment period which is 8/25/09 to 9/25/09. Second semester coverage is only available to students and dependents that have purchased the first semester. 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.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the later of: the Policy Effective Date (8-15-2009) the first day of the term for which the proper premium has been paid; or 12:01 A.M. following the date the proper premium is received by the College Student Billing Office. All coverage expires on 08-15-2010, or when payment is due and unpaid.

MEDICAL BENEFITS SCHEDULE-UP TO \$50,000 MAXIMUM EACH INJURY OR SICKNESS

When your covered Injury or Sickness requires treatment by a Doctor, this Policy will provide benefits while your coverage is in force for the Reasonable and Customary Charges (R&C) incurred for covered services subject to the benefit limits scheduled below. This policy will allow benefits only for expenses not covered by Other Medical Coverage. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule. Treatment of Injury must begin within 30 days of covered Injury. Covered charges must be incurred while the Policy is in force.

Table with 5 main sections: PART A: BASIC INJURY BENEFITS, PART B: BASIC SICKNESS BENEFITS, PART C: MAJOR MEDICAL BENEFITS, PART D: MANDATED BENEFITS, PART E: PREMIUMS. Each section lists various medical services and their corresponding benefit limits.

Voluntary Catastrophic Coverage

All students and their dependents that participate in the Basic Plan are eligible to participate in the voluntary Catastrophic Plan. This coverage is underwritten by Markel Insurance Company.

- Covered Expenses begin at \$50,000.
- Benefits are paid at 80% to a Maximum of \$500,000 for students.
- Benefits are paid at 50% to a Maximum of \$100,000 for dependents.

Prescription/Dental/Vision Discount Program: This program entitles members to discounts for these services. More information is available at www.1stagency.com.

EXCLUSIONS AND LIMITATIONS

We won't pay benefits for:

1. Treatment, services of 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 obligation to pay; would not routinely be paid in the absence of insurance; are received from any Family Member.
2. Loss sustained or contracted in consequence of the Covered Person's being under the influence of any narcotic unless administered on the advice of a Doctor.
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. Injury or Sickness arising out of or in the course of employment or which is compensable under any Worker's Compensation or Occupational Disease Act or Law.
5. Expenses incurred as a result of committing or attempting to commit a felony or participating in a riot or civil commotion.
6. 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.
7. Injury caused by, contributed to or resulting from alcoholism and drug addiction.
8. Expenses incurred as a result of dental treatment, except as specifically stated.
9. Routine physical examinations; Preventive medicines; Elective abortions.
10. Expense in connection with cosmetic treatment or cosmetic surgery, except as a result of an Injury that occurred while covered under the Policy.
11. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
12. Charges for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
13. Surgery and/or treatment for: allergy, including allergy testing; acupuncture; corns, calluses and bunions; hair growth or removal; obesity and any condition resulting therefrom (including hernia of any kind, diabetes or heart disease); sleep disorders, including testing thereof; smoking cessation; and weight reduction.
14. Routine newborn infant care, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
15. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury.
16. Expense incurred in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
17. Patient controlled analgesia (PCA).
18. Organ, tissue and cell transplants.
19. 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.

20. Injury resulting from the practicing for, participating in, or the traveling as a team member to and from, intercollegiate sports; or while participating in any conditioning program for such sport-related contest or competition, except as specifically stated.
21. 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 of any motor vehicle insurance policy.
22. Pre-existing Conditions. There is no coverage for Pre-existing Conditions unless the covered person has been covered under the Policy for 12 months.
23. Treatment of Mental or Nervous Disorders, except as specifically provided.

DEFINITIONS

Injury means 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.

Pre-existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 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.

Reasonable and Customary means the usual fee(s) charged by providers for services or supplies in the locality in which the services or supplies are received.

Sickness means illness, disease, and complications of pregnancy. All related conditions are recurrent symptoms of the same or similar condition will be considered the same Sickness.

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 to the Insured.

CLAIM PROCEDURE

Secure a claim form from the Crown College HR Office or from the First Agency, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills and send to:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009

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

To check on the status of your filed claim, please 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. The First Agency, Inc. website is: www.1stagency.com.

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon written request to the Company.

ACCIDENT AND SICKNESS INSURANCE PLAN

For Students Attending



**CROWN
COLLEGE**

2009 - 2010

Administered by:



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
(269) 381-6630
www.1stagency.com

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

POLICY # 224-125-005-N