

Lincoln Land Community College

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

2009 - 2010

124-125-010-N

NOTE

PLEASE BE SURE TO RETAIN THIS BROCHURE, AS IT OUTLINES THE PROVISIONS OF THE MASTER POLICY WHICH IS ON FILE AT THE COLLEGE.

ANY DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY WILL BE GOVERNED BY THE POLICY.

NO INDIVIDUAL POLICIES WILL BE ISSUED.

COVERAGE

The Student Insurance Plan protects students at home, at school or while traveling, 24 hours a day. Protection is in effect during all interim vacation periods.

MEDICAL EVACUATION

If the Insured person, by reason of covered Injury or Sickness and following at least 5 consecutive days of hospital confinement, requires evacuation to the Insured Student's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of \$10,000 provided that such evacuation is certified as medically necessary by the attending Doctor and subject to prior approval by the Company.

REPATRIATION

If the Insured person dies as the result of a covered Injury or Sickness, the Company will pay the expense actually incurred for the preparation and transportation of the body to the Insured Student's home country, up to a maximum of \$7,500. Payment is subject to prior approval by the Company.

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, and their dependents, attending Lincoln Land Community College are eligible to participate in this program.

The Company maintains the right to investigate student status and attendance records to verify that policy eligibility requirements have been met. If the Company discovers that the policy eligibility requirements have not been met, our only obligation is refund of premium.

Eligible dependents shall be the students spouse and all dependent children under the age of 19 years and who reside with the Insured Student. Dependents can only enroll in this Plan at the time the student enrolls in the plan.

Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid. Eligibility requirements must be met each time a premium is paid to continue coverage.

For students who are age 35 or over, the rates are increased by the following percentages:

Students ages 35-44	30%
Students ages 45-54	70%
Students ages 55-64	100%

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.

PREMIUM REFUNDS

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.

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 covered person has been covered under the policy for more than 12 months;
2. (a) 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.

PRE-EXISTING CONDITIONS

A pre-existing condition is 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 under the policy.

PERIOD OF COVERAGE

The Insurance becomes effective on 8/15/09 at 12:01 a.m. or on the date enrollment form and premium are received, if later. Coverage continues to 8/15/10 at 12:01 a.m. or the end of the period for which premium was paid or entry into full military service of any country.

Enrollment is only allowed during the open enrollment period which is 8/22/09 to 9/22/09.

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. Within 31 days of entering the Allied Health Program.

CLAIM PROCEDURE

In the event of injury or sickness, the Insured Student should:

1. REPORT AT ONCE to the Business Office, when on campus.
2. If you are off campus and unable to report to the Business Office, then secure treatment at the nearest Hospital or Doctor's office, pay the charges, if you wish, and obtain a receipt. Report immediately to the Business Office and follow instructions for filing your claim.
3. Obtain a claim form from the Business Office. Students are responsible for filing their own claims.

Notification of any claim must be provided to First Agency, Inc., 5071 West H Ave., Kalamazoo, MI 49009 within twenty (20) days of injury or the commencement of sickness. Bills for which benefits are to be paid must be submitted within ninety (90) days from the date treatment was provided.

Insurance Administrator & Claims Office:



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

Underwritten by:

Guarantee Trust Life Insurance Company

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

I wish to extend my own coverage to include my following dependents (spouse and unmarried children under age 19)

SUPPLEMENTARY ENROLLMENT FOR FAMILY COVERAGE

Dependents
Name

Date
of Birth

Relationship to
Insured

POLICY # 124-125-010-N

Detach and retain if you enroll

2009-2010

STUDENT INSURANCE PLAN

INSURED STUDENT

College _____

Underwritten by:

**Guarantee Trust Life
Insurance Company**

*Coverage is subject to verification by the Company
(Address on the reverse side)*

Signature

Date Signed

