

DEFINITIONS

"Accident" means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes injury.

"Sickness" means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person's coverage. Sickness also includes complications of pregnancy. All Sicknesses due to the same or related cause are considered One Sickness.

"Pre-Existing Condition" means any Injury, Sickness or condition that was diagnosed or treated, or would have caused a prudent person to seek diagnosis or treatment, within 12 months prior to the Covered Person's effective date of insurance. Treatment includes but is not limited to prescription drugs.

"Reasonable and Customary" means the charge, fee, or expense which is smallest of (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographical area by those of similar professional standing.

"Geographical Area" means the three-digit zip code in which the services, treatment, procedure, drugs, or supplies are provided or the greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply.

"Hospital" means a facility which meets all of these tests:
 (a) it provides in-patient services for the care and treatment of injured and sick people; and
 (b) it provides room and board services and nursing services 24 hours a day; and
 (c) it has established facilities for diagnosis and major surgery; and
 (d) it is supervised by a Doctor; and
 (e) it is run as a Hospital under the laws of the jurisdiction in which it is located

Hospital does not include a place run mainly: (a) as a convalescent home; (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "hospital" includes (a) a sub-

stance abuse treatment facility during any period in which it provides effective treatment of substance abuse to the Covered Person. (b) an ambulatory surgical center or ambulatory medical center; and (c) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities such as specially for treatment of physical disability.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

"Hospital Confinement/Hospital Confined" means a stay of 18 or more hours in a row as a resident bed-patient in a hospital.

"Covered Person" means any eligible student, or any of the student's dependents who are insured under the policy.

"Dependent" means (a) the covered student's spouse residing with the covered student; and (b) the covered students' unmarried child under age 19, and unmarried child age 19 but less than 25 if he or she is:

(a) dependent upon the covered student; or
 (b) living in the household of the covered student; or
 (c) a full-time student as defined by the school he or she attends. A student, in accordance with the following: Coverage will be provided for an entire academic term during which the child begins as a full time student and remains enrolled. Coverage will remain in effect regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student. The coverage will be provided continuously until the 10th day of instruction of the subsequent academic term. If the child does not return to full-time student status by that date, the child's coverage will be terminated.

The term **"Child"** includes;
 (a) a covered student's legally adopted child;
 (b) child who has been placed in the covered student's home pending adoption procedures; and
 (c) a covered student's step-child if such child resides with the covered student and depends on the covered student for full support.
 (d) A covered student's grandchild if such grandchild resides with the covered student and depends on the covered student for full support; and
 (e) A child the covered student is required to insure under a medical support order issued under section 14.061, family code, or enforceable by a court in Texas.

EXCLUSIONS

The policy does not cover loss incurred for or as a result of:

1. Pre-existing conditions; congenital conditions or birth abnormalities for newborn children of an insured student (see Definitions);
2. elective surgery, except cosmetic surgery necessitated by a covered Accident;
3. Accidents sustained while participating in any professional, semi-professional, intercollegiate, club or intramural sport, contest, competition, etc.;
4. Accident sustained or sickness contracted as a result of the use of alcohol or the misuse of drugs, medicines, narcotics, unless taken in the dosage and for the purpose prescribed by the insured person's physician;
5. Expense incurred from injuries sustained in any 2, 3, or 4 wheeled motor vehicle accident. Benefits for expenses subject to the insured's state Motor Vehicle Financial Responsibility Act or Law shall be reduced by the amount of any first party medical benefits under said Law. Expenses incurred for injuries sustained in a Motor vehicle accident outside the jurisdiction of the insured's state Motor Vehicle Financial Responsibility Act or Law shall be reduced by any other insurance which exists relative to the insured;
6. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a passenger on a regularly scheduled flight of a commercial airline.
7. Accident or sickness caused by war or any act of war;
8. Participating in a riot or felony;
9. Any expense incurred for accident or sickness to the extent that any benefits are provided under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
10. Treatment in a government hospital, unless there is an unconditional obligation for the insured person to pay for such treatment;
11. Expenses which are paid or payable by any other valid and collectible insurance under which an insured person is covered. The company's liability for any of the policy benefits shall be limited to that part of such expense which is in excess of all other benefits payable by other valid and collectible insurance.

Voluntary Catastrophic College Accident And Sickness

Coverage to
\$250,000



For
Utica College
Students
&
Their Dependents

EASY ENROLLMENT

Enrollment Form Enclosed

Voluntary Catastrophic Accident & Sickness Coverage to \$250,000
Student and Dependent Enrollment Form 2007 - 2008 POLICY NUMBER 9112643

For the Students of:
UTICA COLLEGE

\$15,000 DEDUCTIBLE

Student ID Number _____

Name of Student _____ Last Name _____ First Name _____ M.I. _____ Student Date of Birth _____
 Male Female

Address _____ Street _____

City _____ State _____ Zip _____

Name of College/University Attending _____ Telephone Number _____

I would like to participate in this program. Please enroll me (and my dependents) during the following term: (please mark the appropriate box)

	Annual 8/1/07 - 8/1/08		Spring Semester 1/1/08 - 8/1/08		Summer Semester 5/1/08 - 8/1/08	
	Under 25	Over 25	Under 25	Over 25	Under 25	Over 25
<input type="checkbox"/> Student	<input type="checkbox"/> \$351	<input type="checkbox"/> \$621	<input type="checkbox"/> \$176	<input type="checkbox"/> \$311	<input type="checkbox"/> \$88	<input type="checkbox"/> \$155
<input type="checkbox"/> Spouse	<input type="checkbox"/> \$945	<input type="checkbox"/> \$1524	<input type="checkbox"/> \$473	<input type="checkbox"/> \$761	<input type="checkbox"/> \$237	<input type="checkbox"/> \$381
<input type="checkbox"/> Each Child	<input type="checkbox"/> \$441	<input type="checkbox"/> \$441	<input type="checkbox"/> \$221	<input type="checkbox"/> \$221	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110

(Please list the Names of the dependents on the reverse side of this form)

Coverage becomes effective on the date of the applicable term for which premium is paid or the day following the date the enrollment form and correct premium for such period of coverage are received. Coverage terminates at 12:01 am on the termination date of the applicable policy term for which premium is paid. Please check method of payment on reverse side.

\$250,000 MAXIMUM CATASTROPHIC ACCIDENT AND SICKNESS BENEFIT

When as the result of a covered accident or covered sickness, the insured person incurs loss within the effective date of coverage, the Company will pay 80% of the usual and customary expenses incurred for covered Catastrophic Accident and Sickness Expense, subject to the deductible chosen up to a maximum benefit of \$250,000* for each accident or each sickness.

COVERED EXPENSES UNDER THIS CATASTROPHIC ACCIDENT AND SICKNESS PLAN INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- Hospital charges for room and board, up to the hospital's customary charge for semi-private accommodations.
- Charges for all other hospital services and supplies.
- Prosthetic or orthopedic devices or supports approved by the attending physician.
- Outpatient diagnostic X-ray charges.
- Outpatient pathology and laboratory charges.
- Surgery benefits, assistant surgeon, anesthetist.
- Physician's visits, chiropractor, psychologist.
- Ambulance service, including Aircab.
- Prescribed drugs and medications, in or out of the hospital, to a maximum of \$5,000.

* Benefits for dependents will be paid at 50% of the usual and customary expenses incurred, up to a maximum benefit of \$100,000. The same deductible for students shall apply for dependents.

TERMINATION DATE OF INSURANCE

The insurance of any person insured under the Policy shall terminate on the earliest following dates:

- At 12:01 a.m. of the policy expiration date;
- The end of the period of coverage for which the premium has been paid on account of the insured person's insurance;
- The date the insured person enters the Armed Forces,

REQUESTS FOR PREMIUM REFUNDS for persons entering the military service should be made to the administrator. Refunds will not be otherwise made. Coverage for all persons will continue until the end of the period for which premium has been paid.



ELIGIBILITY AND ENROLLMENT PROCEDURES

An eligible student may enroll in this coverage for the period commencing on the effective date for the coverage option selected and ending on the corresponding termination date shown. An eligible student who enrolls may also enroll his/her spouse and/or dependent children for medical insurance under this coverage. To enroll in this coverage an eligible student must submit the attached enrollment form and the premium for the period of coverage selected to the Company or its authorized representative no later than (30) days after the effective date of the period of coverage.

The insurance of an eligible person will become effective in accordance with the following:

If the eligible student's enrollment form and premium for the period of coverage selected are received by the designated recipient before the effective date for such period of coverage, the insurance shall become effective on the effective date. Dependents must be enrolled at the same time as the student.

If the eligible student's enrollment form and premium for the period of coverage selected are received by the designated recipient on or after the effective date for such period of coverage, the insurance shall become effective on the date following the date the enrollment form and the premium for such period of coverage are received.

Insurance under the policy, including coverage for medically diagnosed congenital defects and birth abnormalities, shall become effective immediately for a newborn child of an insured student from the moment of birth, provided the appropriate dependent coverage has been purchased (see definition of dependents).

Contact Information:

Local Broker
Haylor, Freyer & Coon, Inc.
231 Salina Meadows Parkway
P.O. Box 4743
Syracuse, New York 13221-4743
Contact: Jim Mahaney/Tom Palmer
1-800-289-1501

Plan Administrator
American Management Advisors, Inc.
dba: American Managers Agency
600 North Woodbourne Road
Langhorne, PA 19047
1-888-533-7654

Insuring Company
National Union Fire Insurance Co.
of Pittsburgh, PA
70 Pine Street
New York, New York 10005
Policy Number: 9112643

Claim Administrator
Diversified Group Administrators, Inc.
P.O. Box 6540
Harrisburg, Pa 17112
1-800-427-9308

*This optional catastrophic
plan can only be purchased
at initial semester enrolled.*

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

Dependents Name	Social Security Number	Date of Birth	Relationship to Student	Male/Female
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

This is only a brief description of the coverage. The policy may contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the policy. If there is any conflict between the contents of this document and the policy, or if any point is not covered in this document, the terms and conditions of the policy will govern in all cases.

I acknowledge that I have read, understand, and agree to the terms and conditions of this coverage as detailed in the brochure.

Student Signature _____ Date _____

Please submit enrollment form and premium payment to: American Management Advisors, Inc., P.O. Box 366, Langhorne, PA 19047

Payment Method Check Money Order

Name and address as appears on card.

VISA Number _____ Exp. Date _____ Master Card _____ Exp. Date _____