

**2010-2011**

**STUDENT ACCIDENT &  
SICKNESS INSURANCE  
PLAN**

**Ohio Christian  
University**

**“the Policyholder”  
Circleville, Ohio**

**Administrator Policy Number: CHH0077261  
Underwriter Reference Number: CAS9499467**

**Underwritten by:  
National Union Fire Insurance Company  
of Pittsburgh, Pa., (“the Company”)  
with its principal place of business in New York, NY**

## **OHIO CHRISTIAN UNIVERSITY STUDENT ACCIDENT & SICKNESS INSURANCE PLAN**

This brochure is only a brief description of the coverage available under policy series S30494NUFIC-OH. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions, some of which may not be included in this brochure. Full details of the coverage are contained in the Policy on file at the University. If any discrepancy exists between the contents of this brochure and the Policy, the Policy will govern in all cases.

### **ELIGIBILITY**

All traditional full-time students who are registered for at least 12 or more credit hours are automatically enrolled in the Student Accident and Sickness Insurance Plan. The insurance fee of \$487 for annual coverage will automatically be placed on the student's tuition bill.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Non-traditional, telecommuting students, and part-time students carrying fewer than 12 credit hours, are not eligible to enroll in the Plan. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been and continue to be met. If the Company discovers that the Policy eligibility requirements have not been or are not being met, its only obligation is to refund premium, less any claims paid. A Covered Student must meet the eligibility requirements each time he or she pays to continue insurance coverage.

### **WAIVER PROCESS/PROCEDURE**

Students, who are currently insured by a health insurance policy, may waive the Ohio Christian University's Accident & Sickness Insurance Plan with proof of comparable coverage. The waiver form must be completed online at [www.maksin.com/ohiochristian.aspx](http://www.maksin.com/ohiochristian.aspx) by the last day of the waiver deadline, September 10, 2010. If the waiver deadline is ignored, the student will be responsible for the insurance premium.

No waiver will be accepted after the waiver deadline. The only enrollment exception is during a special enrollment period when the following qualifying event occurs: within 31 days of the date of ineligibility under another Creditable Plan. Proof of the qualifying event must be submitted with the request for enrollment.

### **PREMIUM RATES**

<b>ANNUAL</b>	<b>SPRING/SUMMER*</b>
<b>08/11/10 – 08/11/11</b>	<b>01/04/11 - 08/11/11</b>
Student ..... \$487	Student ..... \$333

\*Only for new students to the University.

### **EFFECTIVE AND TERMINATION DATES**

The Master Policy becomes effective at 12:01 a.m. on August 11, 2010 and terminates at 12:01 a.m. on August 11, 2011. Insurance will end for the Covered Person on the earliest of: a) the date the Policy terminates; b) the last day for which premium has been paid; or, c) the date he or she enters the armed forces. Covered Persons entering the armed forces of any country will not be covered under the Policy as of the date of such entry. A pro-rata refund of premium will be made to such persons upon written request received by the Company. No other refunds of premiums will be allowed.

### **COORDINATION OF BENEFITS**

The Company will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which the Covered Person is enrolled shall not exceed 100% of the Reasonable & Customary Charges for covered services.

### **PRE-EXISTING CONDITION 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 Policyholder's prior policy for 12 consecutive months immediately preceding the effective date of coverage under the Policy; or

- (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; and (b) the individual's most recent prior Creditable Coverage was under an employer group plan; and (c) who is not eligible for coverage under any other group health plan, Medicare or Medicaid; and (d) who does not have other health insurance; and (e) the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

### **CERTIFICATE OF CREDITABLE COVERAGE**

Coverage under the Policy is "Creditable Coverage" under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Coverage that is evidence of coverage under the Policy. The Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after the coverage under the Policy terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations.

In order to obtain a Certificate of Creditable Coverage, please contact Maksin Management Corp, P. O. Box 2647, Camden, NJ 08101-2647 or call 1-877-775-5430.

### **NON-DUPLICATION OF COVERAGE**

If benefits are payable under more than one provision under the Policy, then benefits will be provided only under the provision providing the greater benefit.

### **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.

**"Allowable Charges"** means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

**"Covered Person"** means a Covered Student while coverage under the Policy is in effect.

**"Covered Student"** means a student of the Policyholder who is insured under the Policy.

**"Deductible/Deductible Amount"** means the dollar amount of Eligible Expenses a Covered Person must pay during each Policy Year before benefits become payable.

**"Doctor"** means: (a) legally qualified physician licensed by the state in which he or she practices; and (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of such practitioner; and (c) certified nurse midwives and licensed midwives while acting within the scope of that certification. The term "Doctor" does not include a Covered Person's Immediate Family Member.

**"Eligible Expense"** means a charge for any treatment, 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) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person.

**"Emergency Medical Condition"** means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: (a) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to such person's bodily functions; or (c) serious dysfunction of any bodily organ or part of such person. When an Emergency Medical Condition occurs, the Covered Person may use the 9-1-1 emergency system or any other telephone access system that is used to access prehospital emergency services.

“Emergency Services” means the following:

- (a) a medical screening examination, as required by federal law, that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department, to evaluate an Emergency Medical Condition;
- (b) such further medical examination and treatment that are required by federal law to stabilize an Emergency Medical Condition and are within the capabilities of the staff and facilities available at the Hospital, including any trauma and burn center of the Hospital.

“**Experimental/Investigational**” means a drug, device or medical care or treatment that meets the following:

- (a) the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- (b) the informed consent document used with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase, if such a consent document is required by law;
- (c) the drug, device, medical care or treatment or the patient’s informed consent document used with the drug, device, medical care or treatment was reviewed and approved by the treating facility’s Institutional Review Board or other body serving a similar function, if federal or state law requires such review and approval;
- (d) reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

- (e) reliable evidence shows that the prevailing opinion among experts regarding the drug, device, medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with standard means of treatment or diagnosis.

Reliable evidence means: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device, medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Covered Expenses will be considered in accordance with the drug, device, medical care or treatment at the time the Expense is incurred.

**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; (e) it is run as a Hospital under the laws of the jurisdiction which it is located; and (f) it is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care. The term “Hospital” includes: (a) an ambulatory surgical center or ambulatory medical center; (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

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

“**Immediate Family Member(s)**” means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-

law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**“Injury”** means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

**“Medical Necessity/Medically Necessary”** means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is Experimental/Investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or

- (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**“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 or a pregnancy existing on the Covered Person’s effective date of coverage under the Policy.

**“Reasonable and Customary”** means the charge, fee or expense which is the 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 geographic area by those of similar professional standing.

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

Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date.

**“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 pregnancy and Complications of Pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.

## SCHEDULE OF BENEFITS

\$15,000 MAXIMUM BENEFIT PER COVERED PERSON PER POLICY YEAR (ALL CONDITIONS COMBINED)  
\$100 DEDUCTIBLE PER COVERED PERSON PER POLICY YEAR

When a Covered Person's covered Injury or Sickness requires treatment, the Policy will provide the following benefits, after a \$100 Deductible per Policy Year, up to a \$15,000 Maximum Benefit per Policy Year (all conditions combined). The Policy will allow benefits only for Eligible Expenses not covered by other valid and collectible insurance.

### INPATIENT SERVICES

**Room and Board Expense**, average daily semi-private room rate; and general nursing care provided by the Hospital. 80% of Reasonable & Customary Charges

**Hospital Miscellaneous Expenses**, such as the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia, drugs (excluding take home drugs) or medicines; therapeutic services, and supplies. 80% of Reasonable & Customary Charges

**Surgeon's Fees**, no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession unless Medically Necessary. 80% of Reasonable & Customary Charges

**Anesthesia**, professional services in connection with inpatient surgery. 80% of Reasonable & Customary Charges

**Doctor's Visits**, benefits are limited to one visit per day and do not apply when related to surgery. 80% of Reasonable & Customary Charges

### OUTPATIENT SERVICES

**Surgeon's Fees**, no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession unless Medically Necessary. 80% of Reasonable & Customary Charges

**Day Surgery Miscellaneous**, related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. 80% of Reasonable & Customary Charges

**Anesthesia**, professional services administered in connection with outpatient surgery. 80% of Reasonable & Customary Charges

**Outpatient Miscellaneous Benefit**, diagnostic x-ray services, radiation therapy, laboratory procedures, tests and procedures and chemotherapy. 80% of Reasonable & Customary Charges

**Doctor's Visits**, benefits are limited to one visit per day and do not apply when related to surgery. 80% of Reasonable & Customary Charges

**Emergency Medical Expenses**, use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. Subject to \$100 copay per visit if not admitted. 80% of Reasonable & Customary Charges

**Outpatient Prescription Drugs**, \$500 aggregate maximum per Policy Year for all Conditions. However obtained, all outpatient prescription drugs are subject to the outpatient drug maximum. 80% of Reasonable & Customary Charges

**Mental or Nervous Disorders**, other than biologically based mental illness (maximum of one visit per day). Paid as any other Sickness up to a \$550 maximum per Policy Year

### OTHER SERVICES

**Alcoholism** (maximum of one visit per day). Paid as any other Sickness up to a \$550 maximum per Policy Year

**Ambulance Services** 80% of Reasonable & Customary Charges

**Consultant or Specialist Doctor Expense**, when requested and approved by the attending Doctor. 80% of Reasonable & Customary Charges

**Maternity Expenses** Paid as any other Sickness

**Complications of Pregnancy** Paid as any other Sickness

**Dental Expense**, Injury to Sound, Natural Teeth 80% of Reasonable & Customary Charges

**Medical Evacuation**: following Hospital confinement for 5 or more days, for medical evacuation to the Covered Student's home country. Up to \$10,000 when pre-approved by the Company.

**Repatriation**: for preparation and return of a deceased Covered Student to his or her home country. Up to \$7,500 when pre-approved by the Company.

## MANDATED BENEFITS

Ohio mandates coverage for the following benefits: Emergency Services expense; outpatient treatment of Mental or Nervous Disorders; Biologically based mental illness; Treatment of Alcoholism on an In-Patient, Intermediate, and Out-Patient basis; mammograms; and 48 hours hospital confinement following vaginal delivery and 96 hours for caesarean delivery. If a decision is made to discharge a mother or newborn prior to the expiration of the applicable number of hours of In-Patient care required to be covered, follow-up care provided within 72 hours after discharge will be covered. Please see the Policy on file with the University for complete details and any other applicable mandates.

## EXCLUSIONS AND LIMITATIONS

The Policy does not cover nor provide benefits for Loss or Expenses incurred:

1. as a result of dental treatment, except for treatment resulting from Injury to sound, natural teeth.
2. for services normally provided without charge by the Policyholder's Health Service/Center, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service/Center fee.
3. for eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such; radial keratotomy or laser surgery; hearing aids, orthodontic braces and orthodontic appliances or prescriptions or examinations for such.
4. as a result of an Accident occurring in consequence of 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 maintaining regular published schedules on a regularly established route.
5. for Injury or Sickness resulting from war or act of war, declared or undeclared.
6. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.

7. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
8. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
9. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part. It also shall not include breast reconstructive surgery after a mastectomy.
10. for preventive treatment, testing, medicines, serums, vaccines, vitamins or oral contraceptives.
11. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, or civil commotion.
12. for Elective Treatment or elective surgery, voluntary or elective abortions.
13. after the date insurance terminates for a Covered Person.
14. for any services rendered by a Covered Person's Immediate Family Member.
15. for a treatment, service or supply which is not Medically Necessary.
16. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
17. for treatment of mental or nervous disorders except as specifically provided in the Policy.
18. for the treatment of substance abuse or drug addiction except as specifically provided in the Policy.
19. for Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the pur-

- pose as prescribed by the Covered Person's Doctor.
20. within the Covered Person's home country of domicile with respect to a Covered Person who is not a United States Citizen.
  21. for surgery and/or treatment of: acne; acupuncture; gynecomastia, allergy, including allergy testing and anti-toxins; biofeedback-type services; breast implants or breast reduction unless Medically Necessary following a mastectomy; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis or unless due to Injury occurring while coverage is in force; family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities; Attention Deficit Disorder; non-malignant warts, moles and lesions unless Medically Necessary; obesity and any condition resulting therefrom (including hernia of any kind, diabetes or heart disease); premarital examinations; sexual reassignment surgery and related therapy; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including supplies, treatment and testing thereof; smoking cessation; tubal ligation; vasectomy; actinic or seborrheic keratosis; dermatofibrosis, nevus of any description or form; halus valgus repair; hernia of any kind; varicosity; hyperhidrosis; alopecia; and weight reduction.
  22. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
  23. for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column except as specifically provided.
  24. for addiction and co-dependency services and supplies related to nicotine addiction.
  25. in connection with birth control, sterilization or sterilization reversal, including surgical procedures and devices.
  26. for Injury resulting from travel in or upon a snowmobile, ATV (all terrain or similar type two or three-wheeled vehicle and/or off-road four wheeled motorized vehicles), personal watercraft or bungee jumping.
  27. for physiotherapy.
  28. for treatment of temporomandibular joint dysfunction.
  29. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, club, professional and semi-professional sports; activity, including travel to and from the activity and practice; sporting events; racing or speed contests; skin diving; scuba diving; hang gliding; parasailing; skydiving; boating; flight in an ultra light aircraft; glider flying; sail planing; parachuting; ballooning; or mountaineering (where ropes or guides are customarily used).
  30. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.
  31. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational.
  32. for home health care.
  33. for hormone treatment or hormone therapy not related to the treatment of sickness.

### **CONTINUOUS COVERAGE**

Continuously insured means a person who has been continuously insured under the Policy and prior Student Health Insurance policies issued to the school. Persons who have remained continuously insured will be covered for conditions first

manifesting themselves while continuously insured except for expenses payable under prior policies in the absence of the current Policy. Previously insured Dependents and students must re-enroll for coverage in order to avoid a break in coverage within 30 days of the end of the prior coverage to maintain coverage for conditions which existed in prior Policy Years. Once a break in coverage in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition that existed during such break.

### **SUBROGATION**

If the Company has paid benefits to the Covered Person for Injuries received in a covered Accident, and in their opinion a third party may be liable, the Company will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of proceeds in any form from or on behalf of the third party including but not limited to recovery from any person, corporation, entity, no-fault coverage, uninsured coverage, other insurance policies or fund which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his or her rights to the Company. The Company will exercise such rights on his or her behalf. He or she further agrees to furnish the Company with all relevant information and documents.

### **CLAIM FILING PROCEDURES**

Claim forms can be accepted directly from providers if the claim form includes the name of the Covered Person, name of school under which the Covered Student is insured, identification number, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 90 days after the date of such loss.

Submit claim forms to:

**Maksin Management Corp**  
P.O. Box 2647  
Camden, NJ 08101-2647

**Customer Service Toll-Free Telephone:**  
**1-877-775-5430**

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address or Customer Service phone number listed above.

At Maksin Management Corp, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more privacy information, please go to our website at [www.maksin.com](http://www.maksin.com).

### **SERVICING AGENT:**

**Grady Enterprises, Inc.**  
515 E. Mound Street  
Columbus, OH 43215  
(614) 224-4432

### **FIRST HEALTH PPO NETWORK**

Covered Persons may choose to be treated within or outside of the First Health Network. Use of a First Health Network participating provider may reduce a Covered Person's out-of-pocket expenses, as network providers have negotiated to accept lower fees as payment for their services. For a list of First Health Network participating providers, please visit the following website: [www.firsthealth.com](http://www.firsthealth.com)

### **NON-RENEWABLE ONE YEAR TERM INSURANCE**

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.

## NOTES

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