2011 - 2012

Student Injury and Sickness Insurance Plan

Designed for the Students of

("the Policyholder")

Underwritten By:

National Union Fire Insurance Company of Pittsburgh, Pa.
("the Company")

Administrator Policy Number CHH0077202
Underwriter Reference Number CAS9499995

To The Students of Western State College of Colorado

Dear Western State Student,

The enclosed Injury and Sickness Insurance Plan is available to eligible students attending Western State College. All Students are strongly encouraged to have medical insurance coverage, as unexpected injuries or sicknesses could cause financial difficulty for you and your family.

The plan being offered is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. The policy provides a maximum benefit of $25,000 per Injury or Sickness, which includes coverage for prescriptions, doctor visits, and other related inpatient and outpatient care.

Please check your family insurance plan, as there may be a limitation regarding student status and age. This plan works well as a SUPPLEMENT to most group plans.
The Student Health Center, located on campus, is available to all students. To encourage the use of these facilities, students covered through the plan will have DEDUCTIBLES WAIVED for services rendered at or referred by the Student Health Center as an added feature.

If you should have any questions concerning the policy, you may contact the plan administrator, Summit America Insurance Services online by visiting their website www.summitamerica-ins.com/westernstate or toll free at (877) 246-6997, Monday-Friday, 8:30 a.m. - 5 p.m. central standard time. In the event the administrator is unavailable to assist you, call the Human Resources office at Western State at 970-943-3140.

Sincerely,
WSC Human Resources
217 Ute Hall, Gunnison, CO 81231

Eligibility

All registered students taking 5 or more credit hours are eligible to enroll in the insurance plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the eligibility requirements that the student actively attend classes.

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 premium to continue insurance coverage.

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse and unmarried children under 19 years of age, or 24 years of age if a full-time student at an accredited institution of higher learning and are not self-supporting. Except as specifically provided under the Extension of Benefits provisions, dependent eligibility expires concurrently with that of the covered student.

Effective and Termination Dates

The Master Policy on file at the College becomes effective at 12:01 a.m. on August 22, 2011. Coverage is effective on August 23, 2011 for students maintaining continuous coverage from the previous policy year. Coverage becomes effective on that date or the day after the date the enrollment form and full premium are received by the Company (or it authorized representative), whichever is later. The Master Policy terminates at 11:59 p.m. on August 26, 2012. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Refunds of premiums are allowed only upon entry into the armed forces. Eligibility requirements must be met each time premium is paid to continue insurance coverage. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.
The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured'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.

Extension of Benefits

If the Covered Person is confined to a Hospital on the date his or her coverage terminates as a result of Sickness or Injury for which benefits were payable prior to the date his or her coverage terminated, benefits will be payable for the Eligible Expenses incurred until the earliest of: (1) the end of Sickness or Injury; (2) the end of the 90 day period following the date his or her coverage terminated; or (3) the date the applicable Maximum Amount is reached.

Continuous Coverage

If a covered person is continuously covered under the policy offered through Western State College or other comparable health coverage they will be covered for any sickness diagnosed or injury sustained while so covered. If a covered person is enrolled for coverage offered through Western State College within 90 days of the end of any preceding company's policy you will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 90 days occurs.

Pre-Existing Conditions

Expenses incurred by a Covered Person as a result of a Pre- existing Condition will not be considered Eligible Expenses for a period of 6 months of continuous coverage while covered under the Policy.

This limitation will not apply if, during the period immediately preceding the Covered Person's effective date of coverage under the Policy, the Covered Person was covered under prior Creditable Coverage for 6 consecutive months. Prior Creditable Coverage of less than 6 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Condition limitation will apply only if the Covered Person becomes eligible and enrolls for coverage within 90 days of termination of his or her prior coverage.

Coordination of Benefits

Benefits under this insurance will be coordinated with benefits under any other valid and collectible insurance that the Covered Person may have, so that no more than 100% of expenses incurred will be paid by all insurance combined.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

The policy provides benefits for 100% of the Reasonable & Customary (R&C) charges for eligible expenses incurred by a covered person for loss due to a covered Injury or Sickness up to the Maximum Benefit for each service as scheduled below.

Maximum Benefit (per Injury or Sickness)	**$25,000**
Deductible (per insured person for each Injury or Sickness. The deductible will be waived for treatment rendered at or referred by the Student Health Center or rendered at or referred by Gunnison Family Medical Center only when the Student Health Center is closed.)	**$50**
Inpatient Benefits	
Hospital Room & Board (including general nursing care)	Average Semi-Private Room Rate/up to $300 Maximum per day
Hospital Inpatient Miscellaneous (including the cost of pre-admission testing, the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies) In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Two times the amount payable under the Hospital Room & Board Benefit
Routine Newborn Care (while hospital confined and routine nursery care provided immediately after birth)	Paid as any other Sickness/4 days Hospital Confinement Expense Maximum
Intensive Care	$700 Maximum 1st day/$500 Maximum 2nd day/ $400 Maximum each subsequent day
Physiotherapy	Paid under the Hospital Miscellaneous Expense Benefit
Surgeon's Fees (no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	R&C Charges/$2,000 Maximum
Anesthesia (professional services administered in connection with inpatient surgery)	25% of Surgeon's Fees Allowance
Registered Nurse's Services (private duty nursing care)	R&C Charges
Doctor's Visits (benefits are limited to one visit per day and do not apply when related to surgery)	R&C Charges
Pre-Admission Testing (this benefit is payable within 3 working days prior to admission)	Paid under the Hospital Miscellaneous Expense Benefit
Psychotherapy (other than Biologically Based Mental Illness)	See the Benefits for Psychotherapy Section
Outpatient Benefits	
Surgeon's Fees (no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession)	R&C Charges/$2,000 Maximum
Day Surgery Miscellaneous (including the cost of the operating room; laboratory tests, x-ray examinations, anesthesia; drugs or medicines, and supplies)	R&C Charges/$700 Maximum
Anesthesia (professional services administered in connection with outpatient surgery)	25% of Surgeon's Fees Allowance
Outpatient Miscellaneous Benefit (includes benefits designated as "Paid under Outpatient Miscellaneous")	R&C Charges/$500 maximum
Doctor Visits (benefits limited to one visit per day and do not apply when related to surgery or Physiotherapy)	Paid under Outpatient Miscellaneous
Physiotherapy (benefits limited to one visit per day, see Exclusion 23)	Paid under Outpatient Miscellaneous
Medical Emergency Expenses (use of the emergency room and supplies; treatment must be rendered within 72 hours from time of Injury or first onset of Sickness)	Paid under Outpatient Miscellaneous
Diagnostic X-Ray Services	Paid under Outpatient Miscellaneous
Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous
Laboratory	Paid under Outpatient Miscellaneous
Tests & Procedures (diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physiotherapy, X-Rays and Laboratory procedures)	Paid under Outpatient Miscellaneous
Injections (when administered in the Doctor's office and charged on the Doctor's statement)	Paid under Outpatient Miscellaneous
Prescription Drugs	$100 Maximum
Psychotherapy (including all related and ancillary charges incurred as a result of a Mental and Nervous Disorder other than Biologically Based Mental Illness. Benefits are limited to one visit per day)	See the Benefits for Psychotherapy Section
Other Benefits	
Ambulance Service	R&C Charges/$200 maximum
Biologically Based Mental Illness	Paid as any other Sickness
Durable Medical Equipment (replacement equipment is not covered)	No Benefits
Prosthetic Devices (including repair and replacement)	R&C Charges
Consultant Doctor Services (when requested and approved by the attending Doctor)	R&C Charges/$100 Maximum
Dental Treatment (made necessary by Injury to sound, natural Teeth)	R&C Charges/$250 Maximum per Tooth
Substance Abuse	Paid under Psychotherapy Benefit
Maternity and Complications of Pregnancy	Paid as any other Sickness
Wellness Benefit (Wellness Services that promote health and well-being and not otherwise covered under the Policy. The services must be conducted by a Doctor or conducted pursuant to the Doctor's supervision. Services include, but are not limited to, routine Doctor's visits, routine physical examinations, and preventative services)	R&C Charges/$250 Maximum per Policy Year

Definitions

"Biologically Based Mental Illness" means any of the following: schizophrenia, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, schizoaffective disorder, and panic disorder.

"Doctor" as used herein 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.

"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 Center for Medicare and Medicaid Services 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 a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 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.

"Reasonable and Customary (R&C)" 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.

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

"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.

Accidental Death and Dismemberment

The Company will pay the applicable amount shown below, in addition to payment under the Medical Expense Benefits, for Injuries to a Covered Student: (a) caused by an Accident which happens while a student is covered by the Policy; and (b) which directly, and from no other cause, result in any of the losses listed below within 180 days of the Accident that caused the Injury.

For Loss of:	Maximum Amount
Life	$7,500
Two or More Members	$7,500
One Member	$1,000

Member means hand, arm, foot, leg or eye. "Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means the total, irrevocable loss of the entire sight in that eye. "Severance" means the complete separation and dismemberment of the part from the body. If a Covered Student suffers more than one loss as a result of the same Accident, the Company will pay only for the loss with the largest benefit.

Benefits for Psychotherapy (Other than Biologically Based Mental Illness)

Benefits will be paid the same as any other Sickness at a coinsurance percentage of 50% for Psychotherapy treatment subject to the following provisions:

Inpatient or Partial Hospitalization Benefits:

Benefits are limited to 45 days for inpatient care or 90 days for Partial Hospitalization care in any Policy Year. For the purpose of computing the period for which benefits are payable, the following will apply:

1. Two days of Partial Hospitalization shall reduce by one day the 45 days for inpatient care. One day of inpatient care shall reduce by two days the 90 days available for Partial Hospitalization.
2. Each day of inpatient confinement under this benefit or each two days of Partial Hospitalization shall reduce by one day, the total days available for all Sickness for any Policy Year.
3. Each day of confinement as an inpatient in a Hospital or psychiatric Hospital, or each two days of Partial Hospitalization, shall reduce by one day, any days available for alcoholism coverage. Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period.

Outpatient Benefits:

Treatment will be provided for outpatient services furnished by 1) a comprehensive health care service corporation; or 2) a Hospital, a community mental health center; or 3) other mental health clinic approved by the Colorado Department of Human Services to provide such care; or 4) a registered professional nurse; or 5) a licensed clinical social worker, acting within the scope of license; or 6) furnished by or under the supervision of a licensed Doctor or psychologist.

Except as stated below, all such services must be provided by or under the supervision of a licensed Doctor or licensed psychologist; and records must show that the licensed Doctor or psychologist, saw the patient or had a written summary of consultations or a personal consultation with the therapist at least once each 90 days. Covered services under this benefit, which can legally be furnished by a registered professional nurse or licensed clinical Social worker, acting within the scope of his or her license, will not require the supervision of a Doctor or psychologist. Reimbursement may be made directly to such provider.

Outpatient Benefits are limited to $1,000 in any Policy Year. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

Exclusions

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 Center, Infirmary or Hospital, or by health care providers employed by the Policyholder.
3. for eyeglasses, contact lenses, radial keratotomy; hearing aids or prescriptions or examinations for such except as required for repair caused by a covered Injury.
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.
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. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
8. 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 and reconstructive surgery because of a congenital disease or anomaly of a covered dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
9. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
10. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
11. for elective treatment or elective surgery, voluntary or elective abortions.
12. for any services rendered by a Covered Person's Immediate Family Member.
13. for a treatment, service or supply which is not Medically Necessary.
14. 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, if sane.
15. 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 purpose as prescribed by the Covered Person's Doctor.
16. for orthopedic appliances or braces.
17. for or in relation to orthopedic shoes or devices intended to be placed inside shoes or other footwear.
18. for surgery and/or treatment of: acne; acupuncture; gynecomastia allergy, including allergy testing and anti-toxins; biofeedback-type services; breast implants or breast reduction; circumcision; deviated nasal septum, including submucuous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; learning disabilities; warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind); skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders; tubal ligation; vasectomy.
19. 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 other than Hospital nursery expense of a Dependent newborn baby.
20. for addiction and co-dependency services and supplies related to nicotine addiction.
21. for patient controlled analgesia (PCA).
22. for organ transplants.
23. for Injury resulting from the practicing for, participating in, or traveling as a team member to and from intercollegiate, professional and semi-professional sports.
24. for eye surgery such as radial keratotomy when the primary purpose is to correct myopia (near-sightedness), hyperopia (far-sightedness) or astigmatism (blurring).
25. for the services of an assistant surgeon.
26. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
27. for hormone treatment or hormone therapy not related to the treatment of a sickness.

Additional Benefits

The Policy provides the following additional benefits: Treatment of cleft lip or cleft palate; pediatric vaccinations; physical, occupational and speech therapy for congenital defects and birth abnormalities for Covered Dependents up to age 5; mammograms, inpatient and outpatient treatment of mental or nervous disorders and alcoholism; treatment of biologically based mental illness; prostate cancer screening; child health supervision services; hospitalization and general anesthesia for dental procedures under certain circumstances; diabetes equipment, supplies and self-management training and education including medical nutritional therapy; and prosthetic devices including repair and replacements. Please see the Policy on file with the College for full details.

American Health Holding, Inc. 24-Hour Student Emergency Care Hotline

For confidential healthcare advice and information, 24 hours a day, 365 days a year, call toll-free (866) 315-8756.

- Comprehensive Resources and Advice from Registered Nurses
- Direct access to an extensive Health Information Library, covering issues ranging from women's health to pediatrics. Detailed directories with topic codes and instructions for access to health-related topics.
- Choose to talk directly with a nurse. Discuss a current illness or health issue, or receive counseling on chronic conditions. Nurses can also educate callers about treatments, lifestyle choices and self-care strategies.
- Integrated phone access to specially trained personnel, trained to provide referral services for a number of health related concerns including mental health and/or substance abuse.

(American health holding, inc. is not affiliated with National Union Fire Insurance Company)

Claim Procedure

In the event of Injury or Sickness students should:

1. Report to the Student Health Center for treatment or referral. When the Student Health Center is closed report to Gunnison Family Medical Center. When not in school, students should report to their doctor or hospital.
2. When treatment is received at the Student Health Center or Gunnison Family Medical Center no claim form is required. For treatment received from all other providers the student should obtain a claim form from the plan administrator at www.summitamerica-ins.com. Provider claims will not be processed without a completed claim form. Mail the completed claim form, all medical bills and copies of the student's other insurance carrier's Explanation of Benefits to Summit America at the address below.
3. File the claim within 30 days of Injury or first treatment for a Sickness. Bills for which benefits are to be paid must be submitted within 90 days after the date of such loss. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
4. Claim status can be checked online at https://statuslink.trizetto.net/summit.

Submit all claims, claim inquiries and eligibility to:

SUMMIT AMERICA INSURANCE SERVICES
7400 College Blvd., Suite 100
Overland Park, KS 66210
Call Toll Free: 877-246-6997
E-mail claim questions to claims@summitamerica-ins.com

This is only a brief description of the coverage available under policy series S30494NUFIC-CO. The Policy may contain definitions, 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.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under this health plan is "Creditable Coverage" under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Creditable Coverage, which is evidence of coverage under this health plan. In order to obtain a Certificate of Creditable Coverage, please contact Summit America Insurance Services at 877-246-6997.

Western State College of Colorado 2011/2012

CHECK ☑ YOUR SELECTION

	Annual *8/22/11-8/26/12	Fall *8/22/11-1/8/12	Spring 1/9/12-5/5/12	Summer 5/6/12-8/26/12
Student Only	❑ $ 973	❑ $ 379	❑ $ 3 61	❑ $ 247
Student & Spouse	❑ $ 3,001	❑ $ 1,170	❑ $ 1,110	❑ $721
Student & Children	❑ $ 2,206	❑ $ 860	❑ $ 816	❑ $530
Student, Spouse & Children	❑ $ 4,234	❑ $ 1,651	❑ $ 1,567	❑ $ 1,016

*8/23/11 for students maintaining continuous coverage from the previous school year.

NOTICE TO STUDENT: Coverage will be effective the day after the date the enrollment form and premium are received by the Company (or its authorized representative) or the effective date of the coverage period, whichever is later. It is the student's responsibility for timely renewal payments. By submitting this enrollment form the student acknowledges that: 1) He/She has carefully read the brochure and understands and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; 4) other than for ineligibility or entry into the Armed Forces, the premium is not refundable.

SIGNATURE: _____ DATE: _____

NO RENEWAL NOTICES WILL BE SENT

Detach and Retain for your records
2011-2012 Identification Card

National Union Fire Insurance Company of Pittsburgh, Pa.

Student_____

School ID # 0 0 0 ☐ ☐ ☐ ☐ ☐ ☐

Please reference the student's school ID number as the insurance ID number. If premium has been paid the student whose name appears above has been insured under a policy issued to:

Western State College of Colorado
Policy # CHH0077202
Group # 11630020

Western State College of Colorado

2011/2012

National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY

To Enroll Online Visit our Website at: www.summitamerica-ins.com/westernstate

(Please Print)

Student's Name: ❑ Male ❑ Female

Last First Middle Initial Gender

Mailing Address:

Zip Code Street of PO Box Number City State

Student ID Date of Birth: / / Phone: ( ) -

List of Dependents to be insured if purchasing dependent coverage. Dependent coverage is available only if the student is also insured under this plan and cannot exceed coverage purchased by the student.

	Last Name	First Name	Date of Birth	Social Security Number
Spouse:			/ /	- -
Child:			/ /	- -
Child:			/ /	- -

CREDIT CARD AUTHORIZATION

Authorized Charge Amount:_____ Exp. Date:_____/_____ 3 Digit Security Code:_____

Credit Card Number:_____

Cardholder Name:_____

Signature:_____

Payment Instructions: Make check or money order payable to Summit America Insurance Services in US dollars or complete the Credit Card Authorization section above to charge your premium to credit card. Mail this enrollment card along with premium payment to Summit America Insurance Services, 7400 College Blvd., Suite 100, Overland Park, KS 66210. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment. Note: We cannot take credit card payments by phone.

COMPLETE OTHER SIDE

Detach and retain for your records.

IMPORTANT: Claims must be submitted to the Company within 90 days after the date of treatment. Mail all medical bills including the student's name, school ID number, address and name of the school the student attends to:
Summit America Insurance Services,
7400 College Blvd., Ste. 100, Overland Park, KS 66210
Electronic Payor # 37301

NOTICE TO HEALTH CARE PROVIDERS: Claim status can be checked online at www.summitamerica-ins.com.
For information regarding plan benefits, eligibility or claim instructions please call Summit America Insurance Services at 877-246-6997. This card is not a guarantee of coverage.