

Please keep this  
summary of coverage  
for future reference.

**2011-2012**  
**STUDENT ACCIDENT & SICKNESS**  
**INSURANCE PLAN**

*A Non-Renewable Term Policy*

*Designed for the students of:*



**WILLAMETTE**  
THE FIRST UNIVERSITY IN THE WEST



**Policy Number**

**US058629-114**

*Willamette HW 05.31.11*

Plan Administered by:



Professional & Institutional Insurance Administrators, Inc.



This brochure is a brief description of the benefits available through **Willamette University** for half-time to full-time undergraduate students for the 2011-2012 academic year.

**Willamette University** is concerned with the overall well being and health of its students. As a condition of enrollment, all half-time to full-time undergraduate students are required to provide evidence of primary health insurance.

**Willamette University** provides all half-time to full-time students, undergraduate and graduate students with **accident** coverage during the 9-month academic year to a limit of \$2,500 per **injury**.

## **PARTICIPATION IN THE STUDENT PLAN**

Participation in the **University Student Accident & Sickness plan** is required unless you complete the online waiver, identifying comparable coverage by September 21, 2011. *No exceptions will be made for waivers received after the deadline.* The web address to complete is: [www.eiia.org/willamette](http://www.eiia.org/willamette).

Students are covered from the first to the last date they are required to be on campus and coverage will continue in force between Christmas and Spring breaks provided the student remains registered for each subsequent academic session.

All half-time to full-time students are automatically enrolled in the **University Student Accident & Sickness Plan** that may be waived by providing evidence of primary insurance coverage. The cost of the plan is \$490 for students who are age 24 and under and \$737 for students who are 25 and older on August 15, 2011. Cost of the plan will be determined by the student's age on August 15, 2011. The above rates include a University Fee for administration of the program. Enrollment in the **University Student Accident & Sickness Plan** extends the policy term to 12 months and increases the accident benefit to \$10,000.

The deadline to waive out of the coverage is September 21, 2011. This deadline date is strictly enforced. You may waive by going online to [www.eiia.org/willamette](http://www.eiia.org/willamette).

*Coverage is not prorated for students enrolling in the Spring term.* The **University Student Accident & Sickness** coverage for students who enroll late because of loss of primary coverage is effective on the date the Student Accounts Office receives your payment for the full premium.

To be a **covered person** under this Policy, the student must have paid the required premium and actively attended classes for at least the first 31 days from their effective date of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal.

The company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met.

Students with a large deductible on their primary insurance plan or an HMO or PPO plan that excludes all out-of-network services should seriously consider purchasing the **University Student Accident & Sickness Plan**. Your participation in this plan will provide additional coverage that can help fill the gaps of your current health insurance policy.

**NOTE:** This is not a major medical health plan, the benefits are very limited.

## **EXCESS COVERAGE PROVISION**

*(May vary by state)*

Your benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy.

## REFUND PROVISION

In the event a **covered person** leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon written request.

## SUPPLEMENTAL BUY-UP

If you would like to extend your coverage beyond the aggregate limit that is provided through the **University Student Accident & Sickness Plan**, you may enroll in the Supplemental Buy-Up. The Supplemental buy-up provides benefits only after the **University Student Accident & Sickness Plan** aggregate limit has been exhausted. Coverage is then provided for **covered expenses** at 80% of the **URC** charge to the limit purchased below.

SUPPLEMENTAL BUY-UP		
	\$25,000 Aggregate Maximum	\$50,000 Aggregate Maximum
	Annual Premium	Annual Premium
24 yrs & under	\$348	\$376
Over 24 yrs	\$555	\$588
Premium must be received no later than October 15, 2011		

Below are some important things you should know about the Supplemental buy-up:

- Payment must be received by October 15, 2011. No payments will be accepted after October 15, 2011.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your **Student Accident & Sickness Plan**.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Supplemental buy-up has a deductible that is only satisfied by the **Student Accident & Sickness Plan** aggregate limit.
- The Supplemental buy-up provides benefits at 80% of **URC** for eligible expenses.
- All exclusions and limitations provided under the **Student Accident & Sickness Plan** are duplicated in the Supplemental buy-up.
- Enrollment information can be found at [www.eiaa.org/willamette](http://www.eiaa.org/willamette).

To enroll you must download and complete the enrollment form available at [www.eiaa.org/willamette](http://www.eiaa.org/willamette) or at the end of this document. Submit the enrollment form along with your payment to EIIA Student Programs before **October 15, 2011**.

## SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **sickness** or **injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents pertaining to the subrogation.

## DEFINITIONS

**Accident** means an event which directly and from no other cause, causes **injury** to one or more **covered persons** and occurs while coverage is in effect.

**Covered Expense** means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Not in excess of the maximum benefit amount payable per service as shown in the schedule;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the schedule.

**Covered Person** means an eligible student

**Deductible** means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his license. **Doctor** does not include:

- You;
- Your spouse, dependent, parent, brother or sister; or
- A person who ordinarily resides with you.

**Hospital** means an institution;

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;

- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a pre-arranged basis; and
- Charging for its services.

**Hospital** does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an **accident**. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

**Medical Emergency** means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing ones health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

**Medically Necessary** means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;
- In accordance with the standards of good medical practice;
- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply of level of service that can safely be provided.

**Natural Teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

**Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat-treatment in any form; manipulation or massage administered by a **doctor**.

**Sickness** means illness or disease of the **covered person**. **Sickness** includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.

**Usual, reasonable and customary (URC)** means:

- Charges and fees for medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charges for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

## EXTENSION BENEFITS

*(May vary by state)*

If a **covered person** is **hospital** confined and under the care and treatment of a **doctor**, benefits will continue to be paid for that condition for a period of up to 30 days following the end of the term of coverage, or until there has been paid the maximum benefit, whichever occurs first, provided the **covered person** remains **hospital** confined.

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**TO BE ELIGIBLE FOR REIMBURSEMENT, A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT OF SICKNESS.**

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## DESCRIPTION OF BENEFITS

**Hospital & Surgical Provisions:**

- 1) Hospital room and board are included up to the semi-private room rate;
- 2) When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 25% for the third surgical procedure;
- 3) Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery;
- 4) Services of an anesthetist who is not employed or retained by the hospital are included, up to 25% of the amount payable for the surgery;
- 5) If the insured student is admitted into the hospital on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, we will not pay the hospital room & board or miscellaneous expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an accident or sickness is limited to \$300 unless specifically ordered by a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultra-sonic therapy, heat-treatment in any form, manipulation or massage.

## **BASIC ACCIDENT BENEFIT: \$2,500**

This benefit is provided by the University to all eligible students for the 9-month academic year.

When your **injury** requires treatment by a **doctor**; **hospital** services; x-ray service; use of operating room, anesthesia, laboratory service; use of a ground ambulance; use of an ambulatory surgical center or ambulatory medical center; if ordered by a **doctor**, prescription drugs and injections, we will pay the **covered expense** incurred within **52** weeks after the date of the **accident** up to a maximum of \$2,500 within the **URC**. This benefit includes coverage for treatment of **injury** to **natural teeth**.

**Coverage for injuries resulting from participation in intercollegiate sports is not included.**

*Initial medical treatment must be received by a doctor within 90 days after the date of the accident causing injury.*

## **UNIVERSITY ACCIDENT & SICKNESS PLAN \$10,000 AGGREGATE LIMIT**

This coverage applies only to eligible students who have paid for this coverage and did not waive the coverage.

### **WILLAMETTE UNIVERSITY BISHOP WELLNESS CENTER REQUIREMENTS:**

The **University Accident & Sickness Plan** will supplement the services normally available to students through the Bishop Wellness Center. No **covered expense** under this plan will be considered unless incurred as a result of being seen and referred to a medical provider by the personnel of the Bishop Wellness Center. This provision is waived for **medical emergencies**.

The Bishop Wellness Center is closed during Christmas and Spring break, summer, evenings, weekends and recognized University Holidays. Claims for **covered expenses** incurred when the Bishop Wellness Center is closed must be reported and approved once it reopens.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the University.

## **EXPANDED ACCIDENT BENEFIT: \$7,500**

This benefit is payable at 80% of **URC** for any one **injury** that has exceeded the **Basic Accident Benefit** of \$2,500. Both the **Basic Accident Benefit** and the **Expanded Accident Benefit** combined may not exceed the aggregate limit of \$10,000. The **FIRST covered expense** must be incurred within 90 days

from the date of **accident** and incurred within 52 weeks from the date of **accident**.

## **ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS:**

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

For loss of life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One hand or one foot or sight of one eye	\$500

## **SICKNESS INPATIENT BENEFIT: \$10,000**

When your **sickness** requires hospital confinement (18 consecutive hours or more), we will consider the covered expenses incurred by you to the aggregate limit of \$10,000. Expenses are covered provided you are a **covered person** during the time the **covered expense** is incurred.

- The covered percentage is 100% of **URC** for the first \$500, then 80% thereafter to the maximum;
- **Hospital** miscellaneous charges are included;
- Surgery charges are included based on the Medical Data Research (MDR) survey of surgical fees valued at the 90<sup>th</sup> percentile;
- In **hospital** doctor charges are included.

## **SICKNESS OUTPATIENT BENEFIT: \$2,000**

**A REFERRAL from the Student Health Center must be secured for outpatient services. This provision is waived in case of a medical emergency, for mental illness treatment or when Student Health Center is not accessible. Please refer to the definition of medical emergency in the Definitions section of this plan summary.**

If while not confined to a **hospital**, your **sickness** requires emergency room services, ground ambulance service, diagnostic x-ray or laboratory services, the services of a **doctor**, prescribed medicines and therapeutic services or supplies, we will consider the expense up to the combined maximum limit of \$2,000 of **URC** per **sickness**.

- There is a \$50 **deductible** per **sickness**.
- There is a \$50 co-pay per Emergency room visit; this is in addition to the \$50 **deductible** per **sickness**.
- The payment schedule is 80% of the **URC** up to the maximum limit.

**Mental Illness and Chemical & Substance Abuse:** We will pay the **covered expense** the same as any other **sickness**. A *referral is not required for Mental Illness benefits.*

*The maximum limit for all combined sickness outpatient expenses shown above may not exceed \$2,000 per sickness.*

## **SICKNESS OUTPATIENT SURGICAL BENEFIT: \$3,000**

If, while not confined to a hospital, your sickness requires surgery, we will consider the covered expenses subject to the Hospital & Surgical Provisions to the \$3,000 maximum limit.

Treatment for bony impacted wisdom teeth or dental abscesses is limited to a maximum of \$100 per tooth, \$400 total.

*The maximum limit for all combined outpatient surgical expenses shown above may not exceed \$3,000 per sickness.*

## **PRESCRIPTION BENEFIT: \$700**

When your **accident** or **sickness** requires prescribed medicines, this plan provides an aggregate maximum benefit of \$700 per policy year. We will pay the **covered expense** up to the maximum after a \$15 co-pay for generic prescriptions and a \$25 co-pay for brand name prescriptions. If generic is available and the **covered person** chooses name brand, the **covered person** will pay the difference. *Prescriptions may be filled at participating Express Scripts Pharmacies ([www.express-scripts.com](http://www.express-scripts.com)). If you have any questions regarding prescriptions, you may contact Member Services at 800-451-6245.*

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**ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.**

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**Any expense not specifically listed in the preceding sections is not covered.**

## **ADDITIONAL BENEFITS**

**Certain Additional Benefits are available under your Certificate/Policy. This is a brief summary. Please see the Certificate/Policy for complete details.**

***Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.***

Benefits will be payable for an annual screening by low dose mammography for female covered persons age 40 and older,

or more frequently if the health care provider determines the woman to be at high-risk for breast cancer.

Benefits will be payable for an annual pelvic exam and pap smear for women 18 or older, or anytime upon referral by the woman's health care provider.

Benefits will be payable for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a doctor has issues a written order for the formula and the formula comprises the sole source, or an essential source of nutrition.

## **EXCLUSIONS & LIMITATIONS**

***(May vary by state)***

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or **doctors** who work for the participating institution;
2. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;
3. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
4. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
5. Dental treatment, except as specifically provided for in the schedule;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country;
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
9. Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an **medical emergency** basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational

- disease law, or similar laws or act;
12. Congenital conditions;
  13. The part of medical expense payable by any automobile insurance policy without regard to fault;
  14. Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
  15. Preventative medicines, serums, vaccines;
  16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
  17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
  18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
  19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an **accident**;
  20. For international students, expenses incurred within your home country or country of regular domicile;
  21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
  22. Services, supplies and/or treatment for acne; acupuncture; hypnotherapy; allergy, including allergy testing;
  23. Travel in or upon: a snowmobile, any two-or three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
  24. **Injury** of any **covered person** sustained while: participating in any practice or conditioning program, professional or intercollegiate sports contest or competition, unless specifically listed in the schedule; includes traveling to or from such sporting events as a participant;
  25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
  26. Replacement or removal of hair growth, alopecia;
  27. Nonmalignant warts;
  28. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations,

- tubal ligation, vasectomy; sexual reassignment surgery;
29. Services and Supplies for conditions related to learning disabilities;
  30. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
  31. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
  32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.
  33. Intentionally self-inflicted **injury**, except suicide or suicide attempt;
  34. **Injury** caused by, contributed to or resulting from use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage for the purpose prescribed by the person's **doctor**.

## LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

**For surgical benefits:** if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

**For outpatient benefits:** if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to obtain treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours following an **accident** or emergency medical condition, which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

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**ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$10,000 PER ACCIDENT OR SICKNESS.**

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## SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Student Accident & Sickness Plan** provides you with a unique array of global emergency assistance when faced with a medical emergency while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Scholastic Emergency Services program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, hospital admission guarantee, emergency trauma counseling, and pre-trip information. Should you experience a medical emergency while traveling, call Scholastic Emergency Services and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Scholastic Emergency Services does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. **All assistance services must be arranged and provided by Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.**

This benefit applies only to students eligible students who have paid for this coverage and did not waive the coverage. Services are subject to verification of coverage. Once you are enrolled in the **Student Accident & Sickness** plan you may obtain an identification card and further information regarding the services provided by Scholastic Emergency Services from Health Services.

If you require assistance and are more than 100 miles from your permanent residence, campus, or abroad, call SES Operations Center at 1-877-488-9833 (toll free inside the U.S.A.) or 609-452-8570 (outside the U.S.A., precede number by U.S. access code). Please use Reference Number 01AA-EIA-05044

*The Scholastic Emergency Services program is solely provided by Scholastic Emergency Services and is not affiliated with United States Fire Insurance Company. Scholastic Emergency Services is a registered service mark of Assist America Inc.*

## CLAIM PROCEDURES

### HOW TO FILE A CLAIM:

- 1) Report your **accident** or **sickness** to the Student Health Center. A **REFERRAL** must be secured from the Student Health Center for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Center is closed or between semester breaks; c) or for mental illness services.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If your primary insurance carrier does not pay the entire bill:
  - If your claim is for an **ACCIDENT** you are required to file a claim form. The claim form and instructions are available at [www.eiaa.org/willamette](http://www.eiaa.org/willamette) or from the Student Health Center, complete the necessary information on the claim form, attach the itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or the claims administrator below. (Please do not submit duplicate claim forms.)
  - If your claim is for a **SICKNESS**, one claim form per year is required. All itemized insurance bills along with the explanation of benefits from your primary carrier (if you have other insurance) will need to be submitted to NAHGA Claim Services (address below).
  - All subsequent claim information regarding your claim should be identified with your name, the institution name and the initial date of your **accident** or **sickness**.
  - All claim information should be submitted to:

#### NAHGA Claim Services

PO Box 189

Bridgton, ME 04010

Phone: 877-497-4980 Fax: 207-647-4569

E-mail: [eiaa@nahga.com](mailto:eiaa@nahga.com)

### IMPORTANT!

- Claims forms must be submitted within 180 days from the date of **injury**.
- All **covered expenses** must be submitted within 12 months from date of service or charges will be denied.

**Claim forms and instructions are also available at [www.eiaa.org/willamette](http://www.eiaa.org/willamette). If you are unable to download or print this brochure please feel free to contact:**

**NAHGA at 800-952-4320 or**

**EIIA at 888-260-7415**

## FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

Underwritten by:  
United States Fire Insurance Company,  
By Fairmont Specialty, a Division of Crum & Forster



This summary of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

## 2011-12 SUPPLEMENTAL BUY-UP

If you would like to extend your coverage beyond the aggregate limit that is provided through the Student Accident & Sickness Plan, you may enroll in the Supplemental Buy-Up. The Supplemental Buy-Up provides benefits only after the Student Accident & Sickness Plan Aggregate Limit has been exhausted. Coverage is then provided for covered expenses at 80% of the Usual, Reasonable & Customary (URC) charge to the limit purchased below.

<b>SUPPLEMENTAL BUY-UP</b>				
	<b>\$25,000 Aggregate Maximum</b>		<b>\$50,000 Aggregate Maximum</b>	
Student Accident & Sickness Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
<b>\$10,000 Aggregate</b>	\$348	\$555	\$376	\$588
<p><i>Premium must be received no later than October 15, 2011</i></p> <p><i>THE ABOVE PREMIUM IS IN ADDITION TO THE COST OF THE STUDENT ACCIDENT &amp; SICKNESS PLAN PREMIUM IF APPLICABLE.</i></p>				

Below are some important things you should know about the Supplemental Buy-Up.

- Payment must be received by October 15, 2011. No payments will be accepted after October 15, 2011.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your Student Accident & Sickness Plan.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Supplemental Buy-Up has a deductible that is only satisfied by the Student Accident & Sickness Plan Aggregate Limit.
- The Supplemental Buy-Up provides benefits at 80% of URC for eligible expenses.
- All exclusions and limitations provided under the Student Accident & Sickness Plan are duplicated in the Supplemental Buy-Up.
- Enrollment information can be found at [www.eiaa.org/willamette](http://www.eiaa.org/willamette).

To enroll, you must complete the enrollment form available at [www.eiaa.org/willamette](http://www.eiaa.org/willamette) and submit it along with your payment to EIAA Student Programs before October 15, 2011.

## 2011-12 SUPPLEMENTAL BUY-UP ENROLLMENT FORM

INSTITUTION NAME: \_\_\_\_\_

STUDENT NAME (Please Print): \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MONTH/DAY/YEAR)

Student's ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**IMPORTANT:** This completed form and payment must be received by EIIA Student Programs, Inc. prior to October 15, 2011. No payments will be accepted after October 15, 2011.

**Cashier Checks or Money Orders only. Personal checks are not accepted.**

**Payable to:** EIIA Student Programs  
**Mail to:** EIIA Student Programs  
 200 South Wacker Drive, Suite 1000  
 Chicago, IL 60606

SUPPLEMENTAL BUY-UP				
	\$25,000 Aggregate Maximum		\$50,000 Aggregate Maximum	
Student Accident & Sickness Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
<b>\$10,000 Aggregate</b>	\$348	\$555	\$376	\$588
<i>Premium must be received no later than October 15, 2011</i>				

I hereby certify that as a full-time student applicant as named above, the information contained on this enrollment form is true. I understand that the effective and termination dates on my coverage under the Supplemental Buy-Up are the same as under my Student Accident & Sickness base Plan.

I also understand that injuries resulting from the participation in intercollegiate sports are excluded from this plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_