

AUTOMATIC PAYMENT WITHDRAWAL FORM (Checking or Savings Account)

☐ Please automatically withdraw payment from my Checking or Savings account for the following Monthly premium for the entire policy year:
\$_____ Must sign the Automatic Payment Authorization below to activate this payment method.

NOTE: Automatic payment from your checking account requires copy of a voided check; mail the voided check to Student Insurance Plan, Associated Insurance Plans International, Inc. P.O. Box 189, Libertyville, IL 60048.

Financial Institution: _____ Address: _____

Name of Bank Account Owner: _____

Frequency: () Monthly
Account Type: () Checking or () Savings

Routing Number: must have 9 digits in routing #

Account Number: Can have up to 17 positions in account #

Attach a voided check, coded deposit slip if available

Automatic Payment Authorization

I authorize the payment of debits drawn on my checking, savings, or credit card account payable to Columbian Life Insurance Company and/or its designee ("the Company") , provided there are sufficient funds in the account. I agree that the Company shall be under no liability whatsoever in the event of one or more dishonored debits, whether any alleged harm or damage is directly or indirectly the result of the dishonor, and whether the dishonor results in the forfeiture of insurance or any other harm or damage.

I hereby waive any requirement for giving notice of premiums due as long as this Authorization is in effect. No premium shall be deemed to have been paid until the Company receives the actual payment which is not subsequently reversed. The use of this Plan shall in no way change the provisions of the policy with respect to the termination of such Policy upon nonpayment of the premium due.

This Authorization shall remain in effect until August 15, 2010, or until terminated by me upon a thirty day written notice to the Company. The Company may terminate the Automatic payment plan if any banking or credit card fund transfer is not paid on presentation. Upon termination, premiums due under the Policy shall be payable directly to the Company.

For Monthly premiums, your account will be debited on the 16th of each month through July 16, 2010.

Authorized Signature as it appears on Bank Records or Credit Card

Date

EXCLUSIONS

This Policy does not provide Benefits for expense resulting from:

1. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
2. Dental treatment, except as specifically provided in the Schedule of Benefits.
3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines) except as specifically provided in the Schedule of Benefits; or Elective Surgery and Elective Treatment; or Abortion; It does not include cosmetic surgery made necessary by Injury. Non-medical self-care or self-help training; health or fitness club memberships; personal comfort or convenience items; treatment for Hirsutism, hair growth or baldness.
4. Motor vehicle Accidents, to the extent covered by another valid and collectible insurance policy, pre-paid services contract, or similar plan.
5. Eyeglasses, contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations; Treatment for foot care including care of flat feet, corns, calluses, bunions, weak feet, chronic foot strain, and supportive foot devices.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Growth Hormone therapy; Patient Controlled Analgesia; Allergy Treatment.
8. Injury sustained while participating in the practice or play of interscholastic sports or Intercollegiate Sports, including the participation in any practice or conditioning program for such sport, contest or competition.
9. Intentional self-inflicted Injuries; including drug overdose; Loss incurred while committing or attempting to commit a felony; Loss due to voluntary participation in a riot or civil disturbance; Injuries caused by or contributed to or resulting from the use of hallucinogenics, illegal drugs, or any drugs and medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Physician.
10. Routine newborn baby care, well baby nursery and related Physician's charges, except as specifically provided in the Schedule of Benefits.
11. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
12. Treatment related to nicotine addiction or smoking cessation.
13. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; organ transplants, including donor's expenses.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions , not subject to Credit for Prior Coverage, until continuously covered by the Policyholder's Student Accident and Sickness Insurance plan for a period of 12 months.
16. Sleep disorders, supplies and treatment or testing related to sleep disorders.
17. Weight management services and supplies related to weight reduction programs, weight management program, and related nutritional supplies; treatment of obesity; surgery for the removal of excess skin or fat, and for weight reduction or treatment of obesity.

DEFINITIONS

Copay means a fee that is the Insured's responsibility each time a covered service is received.

Deductible means an amount subtracted from Eligible Expenses, per Policy year or for each Injury or Sickness, before benefits are considered.

Elective Surgery and Elective Treatment means surgery or medical treatment which is not necessitated by a pathological change occurring after Your Effective Date of coverage or not covered under the policy. Elective Surgery and treatment includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; any services or supplies rendered for the purpose or with the intent of inducing conception; cosmetic procedures; submucous resection and/or other surgical correction for deviated nasal septum; TMJ; allergy testing; treatment for acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities; and weight management services.

Injury or Injuries means accidental bodily Injury or Injuries which are the direct cause of loss, independent of disease or bodily infirmity and occurring while the insurance is in force. All related Injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

Pre-existing Condition This policy does not cover any injury or sickness for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months immediately prior to the student or dependent's Effective Date of Coverage.

Prior Creditable Coverage means coverage provided in the United States under any individual or group: health benefits plan; insurance policy or certificate; service contract or HMO contract; or any government health benefit plan.

Sickness means Your bodily sickness, mental sickness, or Maternity which is not a Pre-existing Condition and which causes Loss while Your coverage is in force. Sickness includes pregnancy, Complications of Pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an Injury. All related sicknesses and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charges (U&C) means charges for medical services or supplies for which you are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges are determined by referencing the 90th percentile of the most current survey published by Ingenix for such services or supplies.

ADDITIONAL PROGRAMS

If you participate in the student insurance plan, the following programs are available to you. More detailed program information will be sent to you with your ID card. **These programs are not underwritten by Columbian Life Insurance Company.**

Scholastic Emergency Services, Inc.— This program provides protection while you travel. The program is administered by Assist America. It provides 24 hour assistance whenever you are traveling more than 100 miles away from home or school. Services include Emergency Evacuation, Supervised Repatriation and Return of Mortal Remains.

Ask Mayo Clinic — This program provides you telephone access to registered nurses. The program is administered through Mayo Foundation. You can call with questions about an illness, injury, or medical concern, 24 hours a day, 7 days a week.

CLAIM PROCEDURE

Secure a claim form from the SAS, Inc. website, fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, and send to Student Assurance Services, Inc. Proof of loss must be submitted to the address below within 90 days from the date of Injury or Sickness.

STUDENT ASSURANCE SERVICES, INC.
P.O. Box 196 • Stillwater, MN 55082-0196

To check the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is Toll Free: **1-800-328-2739. The Student Assurance Services, Inc. website is: www.sas-mn.com**

TO ENROLL FOR COVERAGE

Students have two options to enroll for coverage:

OPTION 1 - Enroll Online – Credit Card payment only Students can complete an online Enrollment Form on the website **www.ILCentralInsurance.com**.

OPTION 2 – Mail Enrollment Form and Payment

1. Students can download and print an Enrollment Form on the website **www.ILCentralInsurance.com**.
2. Print all information legibly and indicate the coverage and options you desire.
3. Enclose your check payable to Student Health Insurance, or complete all credit card information.
4. Send the form and payment to Student Insurance Plan, Associated Insurance Plans International, Inc. P.O. Box 189, Libertyville, IL 60048.

Call (800) 452-5772 or email **office@aipinternational.com** for payment terms and information.

AUTOMATIC DEBIT FOR MONTHLY PREMIUMS

The monthly premium payment option is available if you purchase Annual coverage with an automatic debit from your banking or credit card account. Students must complete the Automatic Debit Authorization Form and return it with an Enrollment Form by the enrollment deadline date of **October 15, 2009**.

Students who elect the monthly premium payment option whose coverage lapses (because of insufficient funds), will not be permitted to continue the monthly premium payment option and will be required to wait until the next enrollment period to reapply for benefits.

For monthly premiums, your account will be debited on the 16th of each month through July 16, 2010.

Keep this brochure as your summary of coverage - no individual policy will be issued. Master Policy 12-64-0067-016-607-9 is issued to the College. The Master Policy contains the contract provisions and shall prevail in the event of a conflict between this brochure and the Master Policy. **PRIVACY POLICY:** You may obtain a detailed copy of Columbian Life's privacy policy from your College, by contacting SAS, Inc. at (800) 328-2739, or visiting www.sas-mn.com.

If your coverage ends under this plan and you obtain other coverage, student insurance qualifies as prior creditable coverage. A certification of coverage will be furnished upon written request to the Company.

Policy Form 9F149F-CL

Accident & Sickness Plan

A Non-Renewable Term Policy

Designed for

**Illinois
Central
College**



2009 • 2010

Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

LOCAL AGENT:

Callender & Company
1615 Candletree Drive
Peoria, IL 61614

Phone: (309) 693-1313

SERVICING AGENT:



**ASSOCIATED
INSURANCE PLANS**
INTERNATIONAL, INC.

AIP International, Inc.
28085 Ashley Circle, Suite 201
Libertyville, IL 60048-9658
Phone: (800) 452-5772
Fax: (847) 281-8813

Email: **office@aipinternational.com**

Website: **www.ILCentralInsurance.com**

Form No. 3739-CL-09-IL

U-67IL

For assistance and questions about Insurance Benefits, ID cards, or problems, contact:
Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
Phone: (800) 452-5772
Email: office@aipinternational.com
website: www.ILCentralInsurance.com

All students taking 9 or more credits hours are eligible to enroll in this insurance plan. Students must be physically and actively attending classes on campus. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Plan Administrator should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Dependents must enroll in the plan when the student first enrolls in the plan or as provided under Enrollment Period, and must enroll for the same coverage as the student. Eligible dependents means the Insured student's legal spouse and unmarried children (as defined in the Master Policy) under age 23 years old who are residing with the student and not self-supporting. The Plan Administrator reserves the right to determine if the student has met the Eligibility requirements. If the Plan Administrator later determines the Eligibility requirements have not been met, its only obligation is to refund premium.

Your coverage becomes effective on the later of: the Policy Effective Date (08-16-2009); the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the Servicing Agent. All coverage expires on the earlier of: 08-15-2010, or when payment for your Accident or Sickness coverage is due and unpaid.

Eligible students and dependents may enroll in the plan prior to the enrollment period deadline date for each term of coverage listed: **Annual and Fall deadline date 10-15-2009; Spring and Spring/Summer Term deadline date 02-15-2010; Summer Term deadline date 07-15-2010.** If we receive premium payment after the Effective Date of coverage for the term for which you are enrolling, your coverage becomes effective 12:01 a.m. following the date the proper premium is received by the Plan Administrator. We do not accept enrollment forms and premium payments postmarked by the US Postal Service after the enrollment period deadline date, unless you qualify for late enrollment. To qualify for late enrollment, you must submit an enrollment form and premium payment no later than 30 days after the qualifying event of involuntary loss of coverage under another health plan, marriage, or birth/adoption of child. Contact the servicing agent for enrollment information and partial year rates.

This plan provides portability of coverage as it relates to "pre-existing" health conditions:

a) If, at the time of enrollment, you have **not** been covered by Prior Creditable Coverage, this policy will not cover pre-existing conditions until you have continuous coverage for twelve (12) months under this policy.

b) If you were covered by Prior Creditable Coverage, the pre-existing conditions waiting period will be reduced by the period of time you were covered by Prior Creditable Coverage. Coverage must be continuous and there must be no break in coverage 63 days or more immediately prior to your effective date of coverage under this Policy. To obtain credit for previous coverage, please provide evidence of Prior Creditable Coverage when you file your first claim.

Coverage will be considered continuous, if you were covered to the policy expiration date of your prior Student Health insurance policy of the Policyholder, and you enroll for coverage under this Policy and pay the required Premium within 31 days of the expiration date of the prior Student Health insurance policy. You will not be denied benefits under this Policy for a Pre-existing Condition or an Injury or Sickness covered under your prior Student Health insurance policy, unless under this Policy the Injury or Sickness expenses incurred are not considered a Covered Service, or benefits are limited by other provisions in this Policy, including Credit for Prior Coverage. If the prior Policy was with us, benefits will not be paid under this Policy if any applicable Lifetime Maximum has been exhausted.

This policy will pay benefits for state mandated benefits in accordance with any applicable Illinois law. Benefits may be subject to policy deductibles, coinsurance, limitations or exclusions. Description of these state mandated benefits can be found in the Master Policy on internet site: www.IICentralInsurance.com. Students may also refer any questions to the claim administrator, Student Assurance Services, Inc. at 800-328-2739.

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| Accidental Death | \$5,000 |
| Dismemberment one Hand and one Foot | \$5,000 |
| Double Dismemberment both Hands or both Feet or loss of both Eyes | \$5,000 |
| Dismemberment either one Hand or one Foot and loss of one Eye | \$5,000 |
| Dismemberment one Hand or one Foot or loss of one Eye | \$2,500 |
| Loss thumb or index Finger of Either Hand | \$1,250 |

For premium rates and coverage periods, refer to the Enrollment Form or visit the website at www.ILCentralInsurance.com to view or print an Enrollment Form.

A prorated premium refund will be made for the following situations only, if the Plan Administrator receives written notice, including the date of occurrence that: You have entered into full-time active-duty military service of any country; or you are a non-immigrant Foreign National and have permanently left the North American continent. Refunds are subject to a \$25 administrative fee.

Basic Benefits: When your covered Injury or Sickness requires treatment by a Physician, the Policy will provide benefits while your coverage is in force for 80% of Usual and Customary (U&C) Charges incurred for covered services, up to scheduled benefit limits listed below. Basic Benefits will be paid up to Maximum Benefit of **\$5,000 for each Injury or Sickness**. Hospital Inpatient Covered Services are subject to **\$100 Deductible per student** and **\$200 Deductible per dependent** per Accident or Sickness.

Major Medical Benefits: The Major Medical Benefit begins to pay after Covered Expenses for Hospital Confinement and Surgical Treatment exceed the Basic Benefit of \$5,000. Benefits will then be payable for 80% of the Usual and Customary Charges incurred up to a Maximum Benefit of \$50,000 for each Injury or Sickness. This maximum includes benefits paid under Basic Benefits and Major Medical Benefits. No Benefits are payable for Hospital Room and Board in excess of the Semi-private room rate.

| | BENEFITS | BENEFITS |
|---|----------|----------|
| (a) HOSPITAL ROOM AND BOARD: includes semi-private room rate, intensive care and nursing services | 80% | 80% |
| (b) HOSPITAL MISCELLANEOUS: includes pre-admission testing | 80% | 80% |
| (c) SURGICAL TREATMENT: | 80% | 80% |
| (d) ANESTHESIA AND ASSISTANT SURGEON: | 80% | 80% |
| (e) PRIVATE DUTY NURSE: | 80% | 80% |
| (f) PHYSICIAN NON-SURGICAL VISITS: 1 visit per day; not paid day of surgery; includes second surgical opinion | 80% | 80% |
| (g) PHYSIOTHERAPY: includes occupational therapy | 80% | 80% |
| (h) DIAGNOSTIC XRAY, RADIOLOGY AND LAB SERVICES: includes kidney dialysis and inhalation therapy | 80% | 80% |
| (i) MATERNITY BENEFITS: Benefits paid the same as any Sickness | 80% | 80% |
| (j) MENTAL & NERVOUS DISORDERS: up to 8 days per Policy Year | 80% | 80% |
| (k) SUBSTANCE ABUSE: up to 30 days, not to exceed maximum benefit of \$3,000 | 80% | 80% |
| (l) CHEMOTHERAPY AND RADIATION THERAPY: | 80% | 80% |
| (m) AMBULANCE: | 80% | 80% |

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| (a) | HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS: Day Surgery | 80% | 80% |
| (b) | SURGICAL TREATMENT: | 80% | 80% |
| (c) | ANESTHESIA AND ASSISTANT SURGEON: | 80% | 80% |
| (d) | PHYSICIAN NON-SURGICAL VISITS: 1 visit per day, not paid the day of surgery; includes consultant physician; shots and injections | 80% | NA |
| (e) | PHYSIOTHERAPY: Includes occupational therapy and acupuncture; 1 visit per day, up to \$2,000 | 80% | NA |
| (f) | CHEMOTHERAPY AND/OR RADIATION THERAPY: | 80% | NA |
| (g) | DIAGNOSTIC X-RAYS, RADIOLOGY, AND LABORATORY SERVICES: includes inhalation therapy and kidney dialysis | 80% | NA |
| (h) | HOSPITAL EMERGENCY ROOM: | 80% | NA |
| (i) | MATERNITY: Paid the same as any Sickness | 80% | 80% |
| (j) | MENTAL AND NERVOUS DISORDERS: Up to 40 visits per Policy Year | 50% | NA |
| (k) | PRESCRIPTION DRUGS: 30 day supply per prescription; includes contraceptives | 80% | NA |

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| (a) DENTAL TREATMENT: Xray and treatment of dental injury to sound, natural teeth; does not include biting or chewing injuries | 80% | NA |
| (b) ORTHOPEDIC APPLIANCES AND DURABLE MEDICAL EQUIPMENT: with written prescription | 80% | NA |
| (c) BACK AND SPINE TREATMENTS: \$50 per visit; up to 3 visits per week; up to \$1,000 per Policy Year | 80% | NA |
| (d) SPEECH THERAPY; by licensed speech therapist to restore loss or correct speech impairment after corrective surgery or following an Injury or Sickness | 80% | NA |
| (e) WELL CHILD CARE: includes immunizations; age appropriate screen tests | 80% | NA |
| (f) ADDITIONAL BENEFITS MANDATED BY STATE OF ILLINOIS | | |
| Breast Reconstruction following Mastectomy and Post Mastectomy Treatment Benefits | 80% | 80% |
| Cervical Pap and Prostate Cancer Tests Benefit | 80% | NA |
| Colorectal Cancer Screening Benefit | 80% | NA |
| Diabetes Benefit | 80% | NA |
| Mammography Examination Benefit | 80% | NA |
| Prenatal HIV Testing Benefit | 80% | NA |
| Maternity and Postpartum Care Benefit | 80% | 80% |
| (g) ROUTINE INPATIENT NEWBORN CARE: Same as any Sickness, up to 48 hrs following vaginal delivery, or 96 hrs following Cesarean section delivery | 80% | 80% |

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