



Please indicate the school you attend:

- | | | |
|--|--|--|
| <input type="checkbox"/> Texas A&M University | <input type="checkbox"/> Texas A&M University-
Commerce | <input type="checkbox"/> Texas A&M University-
San Antonio |
| <input type="checkbox"/> Prairie View A&M
University | <input type="checkbox"/> Texas A&M University-
Corpus Christi | <input type="checkbox"/> Texas A&M University-
Texarkana |
| <input type="checkbox"/> Tarleton State University | <input type="checkbox"/> Texas A&M University-
Galveston | <input type="checkbox"/> The Texas A&M
University System
Health Science Center |
| <input type="checkbox"/> Texas A&M International
University | <input type="checkbox"/> Texas A&M University-
Kingsville | <input type="checkbox"/> West Texas A&M
University |

SUBROGATION

If We pay Covered Expenses for an Accident or Injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the amount recovered, up to the amount of your benefits We have paid under this plan. We may also take subrogation action directly against the third party. Our Reimbursement and Subrogation rights are subject to deduction of the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

TERMINATION OF INSURANCE

Benefits are payable under this policy only for those Covered Expenses incurred while the Policy is in effect as to the Insured Person. No benefits are payable for expenses incurred after the date the insurance terminates for the Insured Person, except as may be provided under Extension of Benefits.

EXTENSION OF BENEFITS

If an Insured Person is totally disabled at the date of discontinuance of the Policy, charges incurred during the continuation of such total disability shall also be included in the term "Expense", but only while they are incurred during the lessor of the duration of such disability or the 90 day period following the discontinuance of the Policy.

HOW DO I OBTAIN MY IDENTIFICATION CARD?

- You may detach and retain the temporary Identification Card provided on the brochure.
- You may obtain your permanent Identification Card on the Internet at www.TAMUINSURANCE.com. Click on "Print ID Card". You will need to provide your name, student identification number, and your birth date. If you experience any difficulty, please call us at (800) 452-5772.
- You may call (800) 452-5772 and request that your permanent Identification Card be mailed to you.

HOW DO I FILE MY CLAIM UNDER THE STUDENT INSURANCE PROGRAM?

- Secure the necessary medical treatment. A listing of Preferred Providers is available at: www.TAMUINSURANCE.com
- Obtain itemized bills from your Doctor or provider.
- Complete a claim form. A claim form is available at: www.TAMUINSURANCE.com
If your provider has already mailed the bills to the Insurance Company, you may complete the claim form and email it to the Insurance Company. If you have not yet mailed the medical bills to the Insurance Company, print a claim form, complete it, and mail the completed claim form along with your medical bills to the Insurance Company at:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(800) 452-5772

- Written notice of claim must be given within 30 days after the occurrence, or commencement of any loss covered by the Policy. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment.
- Any additional medical bills submitted for reimbursement by the Insurance Company must show your name, student identification number, name of college or university, and description of medical condition.

Only one claim form, per condition, needs to be completed.

HOW DO I ENROLL IN THE STUDENT HEALTH INSURANCE PROGRAM?

- You may enroll via the Internet at: www.TAMUINSURANCE.com using an electronic check or major credit card.
- You may complete the attached application, along with your credit card number and expiration date, or you may include a check/money order made payable to:
STUDENT INSURANCE PLAN
POST OFFICE BOX 189
LIBERTYVILLE, ILLINOIS 60048
- You may call us at (800) 452-5772 and pay by phone.
- In College Station – You may pay your premium as outlined in number 1, 2 or 3 above, or to our local agent, Dunlap Financial Services, 111 East University, Suite 110, College Station, Texas 77841.

We accept American Express, Discover, Mastercard, and Visa credit cards, as well as your personal check.

DENTAL AND VISION

Please call (800) 452-5772 to request a brochure. Visit our website at www.TAMUINSURANCE.com, scroll to the bottom of the page and click on the Dental and Vision Section.

HOW CAN I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 7:00 a.m. to 7:00 p.m. Central Standard Time, or email us through the Insurance Information Internet Site, www.TAMUINSURANCE.com. We appreciate hearing from you with your comments, questions, and concerns.

Underwritten by:
DELOS INSURANCE COMPANY

Your representative in College Station:
Mr. Allan Dunlap
111 E. University Drive, Suite 110
College Station, Texas 77841
(979) 260-9632

DIRECT ALL INQUIRES TO:



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.
Post Office Box 189, Libertyville, Illinois 60048
(800) 452-5772 • FAX (847) 281-8813
email: office@AIPInternational.com
www.TAMUINSURANCE.com

Detach and keep in your possession.

Student Insurance Identification Card 2009-10 DELOS INSURANCE COMPANY

NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

Print name and school ID number

Policy Number: DSP0003509
Direct all claim inquiries and correspondence to:

Administrative Concepts, Inc. **Payor #: 22384**
994 Old Eagle School Road, Suite 1005,
Wayne, PA 19087-1802
www.TAMUINSURANCE.com
(800) 452-5772



This ID card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Member Policy and is currently insured on the date of service. Contact the Company to verify coverage.

Notification of Injury must be provided to the Company within 30 days after the date of accident or the commencement of Sickness. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment. Pre-certification is not required.

STUDENT ACCIDENT AND INTRAMURAL SPORTS PROGRAM 2009 • 2010

POLICY NO. DSP0003509

For the Students of

THE TEXAS A&M UNIVERSITY SYSTEM

Underwritten by Delos Insurance Company

- * Texas A&M University
- * Prairie View A&M University
- * Tarleton State University
- * Texas A&M International University
- * Texas A&M University – Central Texas
- * Texas A&M University – Commerce
- * Texas A&M University – Corpus Christi
- * Texas A&M University – Galveston
- * Texas A&M University – Kingsville
- * Texas A&M University – Qatar
- * Texas A&M University – San Antonio
- * Texas A&M University – Texarkana
- * Texas A&M University System
Health Science Center
- * West Texas A&M University

Approved by:
The Texas A&M University System

Direct all questions regarding enrollment to:

Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
(800) 452-5772 • FAX (847) 281-8813

email: office@AIPInternational.com
www.TAMUINSURANCE.com