

# 2006 – 2007

ACADEMIC YEAR

## ARKANSAS STUDENT HEALTH INSURANCE PLAN

### PARTICIPATING UNIVERSITIES/COLLEGES



It is only through your status as a student at one of the above participating universities or colleges that this Health and Accident Insurance Plan is available.

#### ***Underwritten by:***

National Union Fire Insurance Company of Pittsburgh, Pa.,  
a member company of American International Group, Inc. (AIG),  
with its principal place of business in New York, NY

This is only a brief description of the coverage available under the policy series S30494NUFIC. The Policy may contain 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 Policy, the Policy will govern in all cases."

Dear Students and Parents:

We are delighted to join other institutions of higher education in Arkansas in making this Accident and Sickness plan available to our students.

**THERE IS AN ENROLLMENT DEADLINE**, therefore, we urge you to take the time to read and understand the benefits of this plan. It is only through the joint effort of all of the participating universities/colleges listed on the front of this brochure that we are able to offer this plan to our students at a reasonable rate.

The program described in this brochure has been designed to meet the needs of the students for a full twelve-month period. To participate: complete the enclosed enrollment form and mail it along with your payment (check, money order, or MasterCard/Visa) directly to the address listed on the enrollment form.

Best wishes for a good year and for success in your chosen field of study.

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### **STUDENT'S MEDICAL EXPENSE INSURANCE PROGRAM**

The following is a brief description of the benefits of the Student Health Insurance Plan for students of a participating university/college. This Plan is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. ("the Company"). Complete details of coverage are in the Master Policy issued to the University. It may be inspected during the business hours at the University office listed on your identification card.

#### **ELIGIBILITY**

All students taking 6 or more credit hours at a participating Arkansas University/College are eligible. (For Arkansas Tech Students - 2 or more credit courses). Home study, correspondence, internet and television (TV) courses do not fulfill the eligibility requirements.

A Covered Student may also enroll his or her eligible dependents in the Plan by completing the enrollment form and remitting the appropriate premium.

Eligible dependents are the student's spouse and unmarried dependent children 19 years of age and younger, residing with the insured student, or 19 years of age and over if dependent upon the Covered Student for support and maintenance and is incapable of self-sustaining employment by reason of mental or physical handicap.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that Policy eligibility requirements have not been met, the Company's only obligation is refund of premium.

Regarding Newborns - Newborn children (born under the plan) are covered for Injury or Sickness from birth until 90 days old. Notification and Premium must be received within 90 days after the birth in order for the child to remain continuously insured.

#### **TERM OF COVERAGE**

This plan covers students and dependents at home, at school, or while traveling, 24 hours a day during the Term of Coverage for which premium has been paid.

Coverage becomes effective for a Covered Person at 12:01 a.m. on the Effective Date of the selected Term of Coverage as shown on the enrollment form, or the date premium is received, whichever is later.

**The last date to enroll for a Term of Coverage is 31 days from the Effective Date of that Term of Coverage as shown on the enrollment form.**

Please note that enrolling after the Effective Date of a Term of Coverage will cause a break in Continuous Insurance. (See "Continuously Insured" section).

**It is the student's responsibility to confirm that their premium is paid/received and to make payments on the Due Dates whether or not a billing statement is received.**

### **TERMINATION OF INSURANCE**

Coverage terminates for the Covered Person at 11:59 p.m. on the earliest of: **a)** The termination of the Policy; **b)** The last day of the Term of Coverage for which premium is paid (as shown on the enrollment form); **c)** The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined; **d)** The date a Covered Person enters full-time active military service. Upon written request, we will refund any unearned pro-rata Premium with respect to such person.

Benefits are payable only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. Expenses incurred after the insured's termination of insurance are not covered.

### **CONTINUOUSLY INSURED**

Persons who have remained continuously insured under this plan and prior Student Health Insurance policies issued to the University will be covered for a Sickness or Injury originating while so continuously insured, provided continuous insurance is maintained; however, Optional Major Medical Plan coverage will not apply if purchased after initial enrollment. Previously insured persons who re-enroll for coverage on or before the specified Effective Date for the next Term of Coverage will have maintained continuous insurance. A person not so enrolled will have a break in continuous insurance, and any condition originating during or before the break will be considered a Pre-existing Condition. Certificates for other creditable coverage should be presented upon initial enrollment.

The purpose and intent of this provision shall apply separately to the Optional Major Medical Plan, if purchased.

### **CERTIFICATE OF CREDITABLE COVERAGE**

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. A Certificate of Creditable Coverage may be requested on-line at [www.macori.com](http://www.macori.com) or in writing from Macori Administration, P. O. Box 2508, Spring, Texas 77383-2508.

### **WITHDRAWALS AND REFUNDS**

In the event a student withdraws from school during the first 31 days of the period for which coverage is purchased, except medical withdrawal due to a covered Injury or Sickness, there will be no coverage hereunder. Upon the Company's receipt of written notification of such withdrawal, a full refund of premiums will be made.

A Covered Student who withdraws from school after the 31st day following the effective date of coverage hereunder shall be covered subject to the terms, conditions, limitations, and exclusions of the policy for the remainder of the period for which the premium has been paid and shall not be eligible for a refund of premiums.

In the event a student withdraws from school due to entry into the armed forces, a pro-rata refund of premiums will be made upon the Company's receipt of written notification of such withdrawal.

**There will be no refunds except as stated above.**

# SCHEDULE OF BENEFITS (See Plans I, II, III)

Basic Plan plus Basic Supplemental = \$13,000 Maximum Benefit

Optional Major Medical Plan (requires additional premium) = \$250,000 Maximum Benefit

**I. BASIC PLAN:** When Injury or Sickness requires hospital, surgical or medical care, payment will be made as allocated below for those Covered Medical Expenses **incurred** while the policy is in force as to the Covered Person whose Injury or Sickness is the basis of the claim. The Maximum Benefit Amount under the Basic Plan is \$3,000 for each Injury or Sickness for Covered Medical Expenses in or out of the hospital. Covered Medical Expenses in excess of \$3,000 will be payable under the Basic Supplemental Plan (see panel 6).

<b>COVERED MEDICAL EXPENSES INCLUDE: DEDUCTIBLE</b> .....	\$35 per Injury or Sickness
<b>HOSPITAL ROOM AND BOARD</b> .....	Semi-private room rate, \$200/day
<b>MISCELLANEOUS HOSPITAL EXPENSE</b> for necessary services and supplies, such as: .....	\$1,000 Maximum Benefit
1) x-ray examinations, including professional fees, 2) laboratory tests, including professional fees, 3) anesthesia supplies, 4) drugs or medicines, 5) surgical supplies, 6) operating room, 7) plaster casts, 8) therapeutic services, 9) pre-admission testing, and 10) temporary surgical appliances when the Covered Person is confined as a bed patient in a hospital or is an outpatient for day surgery.	
<b>SURGERY</b> (in or out of the hospital) Benefits are paid in accordance with the Ingenix survey .....	Ingenix 80th percentile
<b>ANESTHETIST</b> (in or out of the hospital) .....	25% of Surgery allowance
<b>DOCTOR VISITS</b>	
<b>INPATIENT Doctor's Fees - when hospital confined (per Sickness or Injury)</b>	
- <b>First Visit</b> .....	Not Covered
- <b>Following Visits</b> Limited to one visit per day, for non-surgical doctor services. ....	\$35.00 per visit
<b>OUTPATIENT Doctor's Fees when not hospital confined (per Sickness or Injury) (Deductible does not apply.)</b>	
- <b>First Visit</b> .....	Not Covered
- <b>Following Visits</b>	
Limited to ten visits per condition. Doctor's fees are charges for non-surgical services by the doctor. Charges for other services during an office visit paid under the "Outpatient Miscellaneous" benefit shown below. ....	\$30.00 per visit not to exceed \$300 Maximum Benefit
<b>OUTPATIENT MISCELLANEOUS</b>	
Outpatient diagnostic x-rays, laboratory tests, emergency room, anesthesia supplies, surgical trays and supplies.	\$350 per Injury/\$250 per Sickness
<b>ACUPUNCTURE</b> .....	No Benefit
<b>AMBULANCE</b> : Local ground ambulance to and from the hospital .....	Reasonable & Customary charges
<b>COSMETIC SURGERY</b> and complications arising therefrom (except as noted in exclusion #5) .....	No Benefit
<b>DENTAL TREATMENT:</b>	
For treatment of Injury to sound, natural teeth. Not to exceed \$100 per tooth. ....	Reasonable & Customary charges
<b>MENTAL OR NERVOUS CONDITIONS BENEFIT</b>	
<b>Outpatient</b> .....	Not Covered
<b>Inpatient</b> .....	\$7,500 Maximum Benefit for all periods of coverage
<b>MATERNITY</b> .....	Paid as any other Sickness
<b>COMPLICATIONS OF PREGNANCY</b>	
Including spontaneous and non-elective abortions. Voluntary or elective abortions are not covered. ....	Paid as any other Sickness
<b>NEWBORN COVERAGE.</b>	
Including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care as mandated by Arkansas State Law. (See "Regarding Newborns" on page 2.) .....	Paid as any other Injury or Sickness
<b>PRESCRIPTION DRUGS</b> (Outpatient) .....	Not Covered
<b>MEDICAL EVACUATION</b> .....	\$10,000
<b>REPATRIATION</b> .....	\$7,500
<b>(All expenses for Medical Evacuation and Repatriation are subject to final approval by the Company or its authorized representative (1-800-285-8133))</b>	
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b> (For Students Only)	
Not payable if loss caused by an occupational Injury or Sickness. This Lifetime Maximum Benefit pays the amount shown below for losses resulting from and occurring within one year of the date of Injury incurred while insured. If more than one such loss is sustained, payment will be made only for the largest loss.	
Loss of Life .....	\$3,000
Loss of both hands, both feet or sight of both eyes. ....	\$3,000
Either hand or foot and sight of one eye .....	\$1,500

## II. BASIC SUPPLEMENTAL PLAN

After \$3,000 of Covered Medical Expenses are incurred, (which may or may not be fully covered by the Basic Plan) this Basic Supplemental Plan will pay 80% of the Reasonable and Customary charges for subsequently incurred Covered Medical Expenses, not to exceed the Maximum Benefit of an additional \$10,000 payable for each Injury or Sickness (except Room and Board charges will remain limited to the average semi-private room rate or \$200, whichever is less). The combined Maximum Benefit for any one Injury or Sickness under the Basic Plan and Basic Supplemental is \$13,000.

## III. OPTIONAL MAJOR MEDICAL PLAN (Students only)

*Please read the following information pertaining to the Optional Major Medical Plan because some benefits, exclusions and provisions vary from the Basic Plan.*

*Only students enrolled in the Basic Plan are eligible to purchase this Optional Major Medical Plan. Purchase must be made at the time of initial enrollment for the Basic Plan (additional premium required). The enrollment deadlines applicable to a Term of Coverage for the Basic Plan shall also apply to the Optional Major Medical Plan.*

When this coverage is purchased, payment will be made for 80% of Reasonable and Customary Charges for Covered Medical Expenses incurred in excess of \$13,000 for any one Injury or Sickness, not to exceed a Maximum Benefit of \$250,000, payable in total under this Optional Major Medical Plan, the Basic Plan and the Basic Supplemental Plans combined.

**COVERED MEDICAL EXPENSES** under the Optional Major Medical Plan include: Necessary expenses for doctors and surgeons, hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines, casts, surgical dressings and use of an ambulance not to exceed the Reasonable and Customary medical expenses incurred during the term insured.

Please note that the Continuously Insured provision (see page 3) applies separately to the Optional Major Medical Plan. Purchasing this option will not extend coverage to an Injury sustained or a Sickness originating before the Effective Date under the Optional Major Medical Plan. This Option will cover only an Injury sustained or a Sickness originating, on or after such Effective Date. The Optional Major Medical Plan will terminate simultaneously with the Basic Plan.

## COMBINED MAXIMUM PAYMENT FOR THE BASIC AND BASIC SUPPLEMENTAL PLANS, AND THE OPTIONAL MAJOR MEDICAL PLAN

For all Injuries or Sicknesses, the aggregate (combined) payment under the policy and prior Student Health Insurance policies issued to the University will never exceed the Maximum Benefit of \$250,000.

**EXCLUSIONS - OPTIONAL MAJOR MEDICAL PLAN:** The exclusions applicable to the Basic Plan shall also apply to the Optional Major Medical Plan. The following additional exclusions shall also apply to the Optional Major Medical Plan: Expenses incurred for Physiotherapy, Mental and Nervous Disorders, Repatriation, and Medical Evacuation.

**MANDATED BENEFITS:** Testing of Dependent newborn infants; preventive health care services for Dependent children; equipment, supplies and services for treatment of diabetes; medical and low protein modified food product for treatment of phenylketonuria; dental anesthesia; and in vitro fertilization. The following are mandated offers not accepted by the Policyholder: Treatment of loss or impairment of speech or hearing; Mammography; Treatment by psychological examiners; Surgical and non-surgical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including temporomandibular joint disorder and craniomandibular joint disorder, the same as any other musculoskeletal disorder of the body; Hospice coverage for terminally ill patients in hospice facilities and hospice programs. **Please see the Policy on file with the Policyholder for complete details.**

## DEFINITIONS

**“Hospital”** means a facility which meets all of these tests: (a) it provides room and board services and nursing services 24 hours a day; and (b) it has established facilities for diagnosis and major surgery; and (c) it is supervised by a Doctor; and (d) it is run as a Hospital under the laws of the jurisdiction which it is located.

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

**Injury:** 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; 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 a single 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.

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; (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 of 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:** A Sickness or Injury for which medical care, treatment, diagnosis, or advice was received, or of which symptoms were first manifested within 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.

**Sickness:** Illness, disease, pregnancy, and complications of pregnancy which begin after the effective date of a Covered Person’s coverage. All related conditions and recurrent symptoms of the same or similar condition will be considered the same Sickness.

**“Reasonable and Customary”** means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate; if any; and (d) the prevailing charge made for a covered service in the geographic area by those similar professional standing.

## REDUCTIONS AND LIMITATIONS

**Excess Provision:** *Benefits available (applies to all plans) for Injuries are excess and secondary to any other health insurance coverage you may have in force. Benefits for a Sickness will be coordinated with other valid and collectible insurance. The purpose is to avoid payment of more than 100% of eligible expenses incurred when you are sick or injured.*

**Pre-existing:** *Pre-existing Conditions are not covered for the first 12 months following a Covered Person’s Effective Date of coverage under the Policy. This limitation will not apply if: 1) The Covered Person has been covered under the Policy for more than 12 months; or 2) (a) The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under*

the Policy within 63 days of termination of prior Creditable Coverage. (We will credit the time the individual was covered under prior Creditable Coverage); and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

The Certificate of Creditable Coverage from prior Carrier(s) should be submitted at initial enrollment in the Student Health Insurance Plan.

**Right of Subrogation:** If claims are incurred as a result of another person's negligence, the insurance company has the right to seek reimbursement in accordance with the Policy.

**Non-Duplication of Coverage:** If the benefits above are payable under more than one provision in the Policy, then benefits will be provided only under the provision providing the greater benefit.

## EXCLUSIONS

The Policy does not cover loss or provide benefits for:

1. We won't pay benefits for Treatment, services or supplies which:  
Are not medically necessary; b) Are not prescribed by a doctor as necessary to treat a Sickness or Injury; c) Are determined to be experimental/investigational in nature by the Company; d) Are received without charge or legal obligation to pay; e) Would not routinely be paid in the absence of insurance; f) Are received from any Immediate Family Member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion, or fighting.
4. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
5. Cosmetic surgery other than reconstructive surgery needed to repair conditions resulting from an Injury which occurs after the Covered Person's effective date, provided treatment begins within three months from the date of Injury.
6. Loss due to voluntarily using any drug or chemical substance, unless as prescribed by and taken according to the directions of a Doctor. (Accidental ingestion of a poisonous substance is not excluded).
7. Injury caused by, contributed to or resulting from the Covered Person's use or 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.
8. Flight in an aircraft, except as a fee-paying passenger on a regularly scheduled flight of a commercial airline.
9. Surgery and/or treatment for acupuncture; biofeedback-type services; birth control; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof, except for purulent sinusitis, unless due to Injury occurring while coverage is in force; family planning; impotence, organic or otherwise; learning disabilities; Attention Deficit Disorder, preventive medicines or vaccines, except as specifically provided; sleep disorders, including testing thereof; vasectomy; tubal ligation; and immunizations, allergy tests and anti-toxins, except as specifically provided.
10. Routine physical examinations or check-ups and other preventative care, except as specifically provided.
11. Treatment of Mental or Nervous Disorders, except as specifically provided.
12. Treatment of alcoholism or Injury sustained as a result of alcoholism.
13. Expenses incurred as a result of dental treatment or dental X-rays, except as specifically stated.
14. Expenses for preventative medicines, serums, vaccines or vitamins, except as specifically provided.
15. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
16. Expense incurred in connection with contraceptive methods, devices or aids; elective sterilization or sterilization reversal, artificial insemination or in-vitro fertilization, except as specifically provided.
17. Injury resulting from ballooning, parasailing, bob-sledding, scuba diving, travel in or upon a snowmobile, all-terrain vehicle (ATV), or any two or three wheeled motor vehicle, and/or off-road four-wheeled motorized vehicles.
18. Elective abortions.
19. Flight in an ultra light aircraft, hang-gliding, parachuting, bungee-cord jumping, skydiving, or glider flying.
20. Maternity expenses for a Dependent child.
21. Claims arising out of practice or play in any professional, intercollegiate, interscholastic, high school or club sports activity, including travel to and from the activity and practice, unless specifically provided in the Policy.
22. Services or supplies that are normally provided without charge by the Policyholder or by any person employed or retained by the Policyholder and which are covered by the student health fee.
23. Suicide, attempted suicide or intentionally self-inflicted Injury.
24. Eyeglasses, contact lenses, hearing aids, orthopedic or orthodontic braces and appliances, examinations or prescriptions therefore.
25. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, bunions (except capsular and bone surgery), calluses, toenails, and the like.
26. Outpatient Prescription drugs.

## CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, secure a Company claim form from the Student Health Center (or on-line at [www.macori.com](http://www.macori.com)), complete the requested information, attach all itemized hospital and medical bills and return to the claims office.

### THE FOLLOWING SERVICES ARE AVAILABLE ONLINE:

- Benefit & enrollment information
- ID Card
- Claim Form (PDF)
- Certificate of Creditable Coverage
- Claim filing procedure
- Check claims status/verify coverage

### QUESTIONS REGARDING COVERAGE, OR CLAIM STATUS SHOULD BE DIRECTED TO:

MACORI ADMINISTRATION  
A DBA of Maksin Management Corp.  
P.O. Box 2508  
Spring, Texas 77383-2508  
Houston Area: 281-651-8787  
Students Call Toll-Free: 1-800-285-8133  
Medical Providers Call Toll-Free: 1-877-266-7778

AGENCY:

  
**MACORI, INC.**  
*Health Insurance for Students/Scholars*

### IF YOU NEED COVERAGE UPON TERMINATION OR GRADUATION

If you lose eligibility under this Student Health Insurance Plan due to termination or graduation, and you would like information regarding alternate insurance plans, visit [www.macori.com](http://www.macori.com) or call Macori, Inc. at the number listed above.

Short Term Health Plans and Dental Coverage available at [www.macori.com](http://www.macori.com)

MACORI, INC.  
P.O. Box 2508  
Spring, Texas 77383-2508

**Web address: [www.macori.com](http://www.macori.com)**

*Email: [macori@macori.com](mailto:macori@macori.com)*

LOCAL AGENT: CALVIN HAGAN Telephone: (501) 664-9381  
1501 North University, Suite 365  
Little Rock, Arkansas 72207

*We value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to [www.macori.com](http://www.macori.com).*

### NON-RENEWABLE ONE-YEAR TERM INSURANCE

The Policy is non-renewable One – Year Term Insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person'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.

**ARKANSAS PARTICIPATING UNIVERSITIES/COLLEGES**

**STUDENT INSURANCE ENROLLMENT CARD**

**-PLEASE PRINT CLEARLY-**

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA., a member company of American International Group, Inc.(AIG), with its principal place of business in New York, NY

Student's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

COVERAGE TYPE I. & II. BASIC PLAN \$13,000 MAXIMUM	ANNUAL (Available in Fall only)	TWO-PAYMENT PLAN Fall Spring	THREE PAYMENT PLAN (Available in Fall only)	SUMMER (new insureds only)
<b>STUDENT AGE 40 &amp; UNDER</b>				
Student Only	<input type="checkbox"/> \$ 670	<input type="checkbox"/> \$ 335	<input type="checkbox"/> \$ 335	<input type="checkbox"/> \$ 224
Student & Spouse	<input type="checkbox"/> \$ 2,866	<input type="checkbox"/> \$ 1,433	<input type="checkbox"/> \$ 1,433	<input type="checkbox"/> \$ 956
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 3,972	<input type="checkbox"/> \$ 1,986	<input type="checkbox"/> \$ 1,986	<input type="checkbox"/> \$ 1,324
Student & Child(ren)	<input type="checkbox"/> \$ 1,776	<input type="checkbox"/> \$ 888	<input type="checkbox"/> \$ 888	<input type="checkbox"/> \$ 592
<b>STUDENT AGE 41 &amp; OVER</b>				
Student Only	<input type="checkbox"/> \$ 1,570	<input type="checkbox"/> \$ 785	<input type="checkbox"/> \$ 785	<input type="checkbox"/> \$ 524
Student & Spouse	<input type="checkbox"/> \$ 6,727	<input type="checkbox"/> \$ 3,364	<input type="checkbox"/> \$ 3,364	<input type="checkbox"/> \$ 2,243
Student, Spouse & Children	<input type="checkbox"/> \$ 9,323	<input type="checkbox"/> \$ 4,662	<input type="checkbox"/> \$ 4,662	<input type="checkbox"/> \$ 3,108
Student & Children	<input type="checkbox"/> \$ 4,167	<input type="checkbox"/> \$ 2,084	<input type="checkbox"/> \$ 2,084	<input type="checkbox"/> \$ 1,389

**III. OPTIONAL MAJOR MEDICAL PLAN - \$237,000 MAXIMUM** -Additional Premium required. Available to Students Only:  \$290.00 One time fee due at initial enrollment. Coverage expires at the same time as the Basic Plan.

"I acknowledge that I have carefully read and understand the brochure (including Eligibility, refund provisions, and Reductions and Limitations) and agree to the terms and conditions of the coverage and elect to enroll as indicated above. If it is later determined that I am not eligible, my premium will be refunded."

Premium is not prorated other than as listed above. Please check appropriate boxes. **No enrollment form will be accepted beyond 31 days from the effective date of each Term of Coverage shown below for your school.**

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

**\*Check the University/College you attend and the Term of Coverage you are purchasing below:**

SCHOOL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> 2 PAYMENT PLAN	<input type="checkbox"/> 3 PAYMENT PLAN	<input type="checkbox"/> SUMMER New Students Only
<input type="checkbox"/> Arkansas State University Administrator Policy #AMH9022847 Underwriter Reference #CAS9710196	*8/21/06 - 8/20/07	*8/21/06 - 1/05/07 1/06/07 - 8/20/07	*8/21/06 12/21/06 4/21/07	5/31/07 - 8/20/07
<input type="checkbox"/> Arkansas Tech University Administrator Policy #AMH9026847 Underwriter Reference #CAS9710399	*8/23/06 - 8/22/07	*8/23/06 - 1/15/07 1/16/07 - 8/22/07	*8/23/06 12/23/06 4/23/07	6/04/07 - 8/22/07
<input type="checkbox"/> Central Baptist College Administrator Policy # AMH0059627 Underwriter Reference #CAS9710529	8/24/06 - 8/23/07	8/24/06 - 1/10/07 1/11/07 - 8/23/07	8/24/06 12/24/06 4/24/07	5/14/07 - 8/23/07
<input type="checkbox"/> Henderson State University Administrator Policy #AMH9022867 Underwriter Reference #CAS9710401	*8/23/06 - 8/22/07	*8/23/06 - 1/16/07 1/17/07 - 8/22/07	*8/23/06 12/23/06 4/23/07	5/30/07 - 8/22/07
<input type="checkbox"/> Ouachita Baptist University Administrator Policy # AMH9026857 Underwriter Reference# CAS9710402	*8/17/06 - 8/16/07	*8/17/06 - 1/10/07 1/11/07 - 8/16/07	*8/17/06 12/17/06 4/17/07	5/17/07 - 8/16/07
<input type="checkbox"/> Southern Arkansas University Administrator Policy # AMH9022857 Underwriter Reference # CAS9710403	*8/21/06 - 8/20/07	*8/21/06 - 1/16/07 1/17/07 - 8/20/07	*8/21/06 12/21/06 4/21/07	5/29/07 - 8/20/07
<input type="checkbox"/> Southern Arkansas University Tech Administrator Policy # AMH9026897 Underwriter Reference # CAS9710404	*8/23/06 - 8/22/07	*8/23/06 - 1/16/07 1/17/07 - 8/22/07	*8/23/06 12/23/06 4/23/07	5/30/07 - 8/22/07
<input type="checkbox"/> University of Central Arkansas Administrator Policy # AMH9026887 Underwriter Reference # CAS9710407	*8/24/06 - 8/23/07	*8/24/06 - 1/10/07 1/11/07 - 8/23/07	*8/24/06 12/24/06 4/24/07	6/04/07 - 8/23/07

\*There will be no break or overlap in coverage for students re-enrolling who have maintained continuous coverage from the previous policy-year.

**PAYMENT INSTRUCTIONS:** Make check or money order payable to "National Union Fire Insurance Company of Pittsburgh, Pa." in U.S. dollars or fill in the Charge Card Authorization form (on reverse side) to charge your premium to Visa or MasterCard. Your canceled check or credit card billing is your only receipt and notification of coverage. Mail this enrollment card along with premium payment to: Macori, P. O. Box 2508, Spring, Texas 77383-2508.

**ARKANSAS STUDENT HEALTH PLAN**  
**2006-2007 IDENTIFICATION CARD**

**X Cut and retain**

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA., a member company of American International Group, Inc.(AIG), with its principal place of business in New York, NY

If premium has been paid, the student whose name appears below has been insured under a Policy issued to:

<input type="checkbox"/> Arkansas State University	Policy #AMH9022847	Ref:#CAS9710196
<input type="checkbox"/> Arkansas Tech University	Policy #AMH9026847	Ref:#CAS9710399
<input type="checkbox"/> Central Baptist College	Policy #AMH0059627	Ref:#CAS9710529
<input type="checkbox"/> Henderson State University	Policy #AMH9022867	Ref:#CAS9710401
<input type="checkbox"/> Ouachita Baptist University	Policy #AMH9026857	Ref:#CAS9710402
<input type="checkbox"/> Southern Arkansas Univ. Tech	Policy #AMH9022857	Ref:#CAS9710403
<input type="checkbox"/> Southern Arkansas Univ. Tech	Policy #AMH9026897	Ref:#CAS9710404
<input type="checkbox"/> Univ. of Central Arkansas	Policy #AMH9026887	Ref:#CAS9710407

Covered Student ID# \_\_\_\_\_

**NAMES OF DEPENDENTS FOR WHICH PREMIUM IS ENCLOSED:**

I wish to enroll my dependents as follows:

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Date of Birth</u>
Spouse	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____

**CHARGE CARD AUTHORIZATION FORM**

Cardholder Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Please charge this amount for student insurance: \$ \_\_\_\_\_

Visa # \_\_\_\_\_ Expiration Date \_\_\_\_\_

MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

✂ Cut and retain

**2006/2007 ARKANSAS STUDENT HEALTH INSURANCE PLAN**  
 Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., a  
 member company of American International Group, Inc.(AIG), with its  
 principal place of business in New York, NY

PLEASE KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES FOR PRESENTATION TO THE HOSPITAL.

MAIL CLAIMS TO: MACORI ADMINISTRATION  
 P.O. BOX 2508  
 SPRING, TX 77383-2508

COVERAGE VERIFICATION: 1-800-285-8133