CLAIM PROCEDURES
In the event of accident or sickness the student should:
1. Go to the School, report immediately to Student Health Services so that proper treatment can be prescribed or approved.
2. If away from the School, consult a doctor and follow his advice. Notify Student Health Services or the Claim Services within 30 days after the date of the claimed accident or commencement of the covered illness or as soon thereafter as is reasonably possible.
3. Written proof of loss limited billed must be furnished with your claim within 90 days after the date of the loss.
4. Questions should be referred to Claim Services.

SCHEDULE OF PREMIUM RATES

<table>
<thead>
<tr>
<th>Period Covered</th>
<th>Coverage Effective on September 1, 2011 and continuing in effect on September 1, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student Only</td>
</tr>
<tr>
<td></td>
<td>$495.00</td>
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<tr>
<td></td>
<td>Student and Spouse</td>
</tr>
<tr>
<td></td>
<td>$3,144.00</td>
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<tr>
<td></td>
<td>Student and Dependent Children</td>
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<tr>
<td></td>
<td>$4,346.00</td>
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<tr>
<td></td>
<td>Student, Dependent Children</td>
</tr>
<tr>
<td></td>
<td>$2,098.00</td>
</tr>
<tr>
<td>Age 25 - 50</td>
<td>Student Only</td>
</tr>
<tr>
<td></td>
<td>$2,053.00</td>
</tr>
<tr>
<td></td>
<td>Student and Spouse</td>
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<tr>
<td></td>
<td>$7,374.00</td>
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<tr>
<td></td>
<td>Student and Dependent Children</td>
</tr>
<tr>
<td></td>
<td>$8,577.00</td>
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<tr>
<td></td>
<td>Student, Dependent Children</td>
</tr>
<tr>
<td></td>
<td>$3,256.00</td>
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Second Semester Premium

<table>
<thead>
<tr>
<th>Period Covered</th>
<th>Coverage Effective January 1, 2013 through September 1, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student Only</td>
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<tr>
<td></td>
<td>$583.00</td>
</tr>
<tr>
<td></td>
<td>Student and Spouse</td>
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<tr>
<td></td>
<td>$2,043.00</td>
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<tr>
<td></td>
<td>Student, Spouse and Dependent Children</td>
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<tr>
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<tr>
<td></td>
<td>Student, Dependents</td>
</tr>
<tr>
<td></td>
<td>$1,364.00</td>
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<tr>
<td>Age 25 - 50</td>
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<td>$1,335.00</td>
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<tr>
<td></td>
<td>Student and Spouse</td>
</tr>
<tr>
<td></td>
<td>$5,179.00</td>
</tr>
<tr>
<td></td>
<td>Student, Spouse and Dependent Children</td>
</tr>
<tr>
<td></td>
<td>$5,576.00</td>
</tr>
<tr>
<td></td>
<td>Student, Dependents</td>
</tr>
<tr>
<td></td>
<td>$2,116.00</td>
</tr>
</tbody>
</table>

EXCLUSIONS

Benefits under this Policy are subject to the following exclusions. Other Insurances may also apply. Please refer to the insurance policy provided to your School.

1. This Policy is limited to the Loss or damage to the Home or Personal Property.

2. This Policy does not provide benefits for:
   a. Expenses for dental treatment, except the following:
      i. Treatment resulting from injury to Natural Teeth.
      ii. Dental expense for impacted wisdom teeth or dental abscesses.
      iii. Services normally provided without charge by your health service, infirmary or hospital, or employers.
      iv. Employee or union examinations.
      v. Suicide, attempted suicide or intentionally self-inflicted injury.
      vi. Injury due to explosion or combustion.
      vii. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part, reconstructive surgery because of congenital or deformity or disfigurement of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children.
      viii. Loss resulting from air travel, except as a free-paying passenger on a commercial airline.
      ix. Injury or sickness resulting from declared or threatened war.
      x. Injury or sickness while in the service, or claimant at any country, when an armed conflict exists, will not extend the unemployment benefits.
      xi. Insolvency covered by its ‘workers’ compensation’ or ‘occupational disease’.
      xii. Injury or sickness being term is the insurance accidental or work-related.
      xiii. Injury resulting from being under the influence of alcohol or drugs unless taken on Doctor’s advice.
      xiv. Treatment provided in a governmental Hospital unless the insured is legally obligated to pay such charges.
      xv. Medical expense resulting from a minor vehicle accident if such expense is payable without regard to fault.
      xvi. Expenses for voluntary abortion.
      xvii. Claims resulting from the practice or play of intercollegiate sports.
      xviii. Psychotherapy, except as a result of an injury.

3. Coverage under Dental Care:

   SCHEDULE OF PREMIUM RATES

   Student Only: $495.00
   Student and Spouse: $3,144.00
   Student and Dependent Children: $4,346.00
   Student, Dependent Children: $2,098.00
   Student Only: $2,053.00
   Student and Spouse: $7,374.00
   Student and Dependent Children: $8,577.00
   Student, Dependent Children: $3,256.00
   Student Only: $583.00
   Student and Spouse: $2,043.00
   Student, Spouse and Dependent Children: $2,096.00
   Student, Dependents: $1,364.00
   Student Only: $1,335.00
   Student and Spouse: $5,179.00
   Student, Spouse and Dependent Children: $5,576.00
   Student, Dependents: $2,116.00

NOTE

If you have any questions or concerns, please contact the Claims Department at 1-800-521-1234.

The Plan is underwritten by UNITED STATES FIRE INSURANCE COMPANY, by Fairmont Specialty, a Division of Crain & Forster.

IMPORTANT

This summary of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the policy which contains complete terms and provisions. This plan describes Accident and Sickness policy underwritten by Fairmont Specialty Company. THIS IS NOT AN INSURANCE CONTRACT, BUT A BRIEF DESCRIPTION OF COVERAGE. A COMPLETE POLICY IS ON FILE FOR REVIEW AT THE SCHOOL.

NOTE

All Students Must Complete, Sign and Return the Attached Selection Card.

Please keep this summary of coverage for future reference.