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Policy Form 9F149-CL
ACCIDENT AND SICKNESS INSURANCE PLAN
For Students Attending
**GRAND VALLEY
STATE UNIVERSITY**

2011-2012

Dear Parents and Students:

We believe access to healthcare through affordable insurance to be critical to your academic success and well-being.

Ask yourselves the following questions:

- Would an illness interrupt educational plans and require the use of financial resources that are budgeted for educational resources?
- If you currently have insurance – is it enough?
- Can you be treated in the area of your college location? Do you have PPOs or HMOs that require you to be treated only around your permanent address?
- Are you planning a spring break or any other type of travel and will your current policy cover you in those areas?

If you have any doubts about the above questions, please check with your current health insurance provider and get the answers you need so that you can make an informed decision about protecting yourself with medical coverage while undertaking your education. The purpose of student health insurance is to keep students in school so that they can complete their education and move on to careers without incurring huge medical debt.

The University is making available a plan of blanket accident and sickness insurance underwritten by Columbian Life Insurance Company and administered by Student Assurance Services, Inc. Participation in this plan is voluntary. Please review the enclosed summary of the insurance the policy offers to students. A complete description of the plan benefits, exclusions and limitations can be found at www.sas-mn.com under "Find My School".

It is important that you consider this program or one of your own choice. Please be aware that the University's liability insurance does not cover injury or sickness sustained by a student; even if these activities result from class or group participation activities such as intramural sports or drama. We encourage you to review your medical insurance coverage to assure that it is adequate. If you do not have coverage, we strongly recommend that you purchase a policy of your choice.



**Get Protection from a Sound,
Reliable Insurer with Reasonable Rates**

www.sas-mn.com



HEALTH CARE REFORM
Columbian Life Insurance Company currently is evaluating this comprehensive and complex legislation and its impact on our company and student insurance plans. We will continue to monitor and identify any changes to our products and processes. We are committed to comply with all federal and state requirements within the timelines required.

Servicing Agent
Candy Mears
Phone: (651) 439-7098
(800) 328-2739
FAX: (651) 439-0200
email: candym@sas-mn.com

Administered by



**STUDENT
ASSURANCE
SERVICES**
INCORPORATED

www.sas-mn.com
333 N. Main St. • P.O. Box 196
Stillwater, MN 55082-0196

Underwritten by



**COLUMBIAN LIFE
INSURANCE COMPANY**

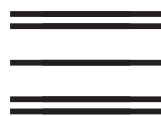
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
P.O. BOX 1381 • BINGHAMTON, NY 13902-1381



STUDENT ASSURANCE SERVICES, INC.
P O BOX 196
STILLWATER MN 55082-0196



Return Address



PLACE STAMP
HERE
POST OFFICE
WILL NOT DELIVER
WITHOUT
POSTAGE

**GRAND VALLEY
STATE UNIVERSITY**
1 Campus Drive - 201 LMH
Allendale, MI 49401



2011-2012 GRAND VALLEY STATE UNIVERSITY STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082

To apply for insurance coverage, either complete this enrollment form or enroll online at: www.sas-mn.com. Indicate premium selected below. If purchasing dependent coverage, complete dependent information below.

Student's Name (Please Print) _____ (Last) _____ (First) _____ (MI) _____ (City) _____ (State) _____ (Zip) _____ (Phone No.) _____
 Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Phone No.) _____
 Undergraduate Graduate International Birthdate _____ MM/DD/YYYY _____
 Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____
 Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover® Card Expiration Date _____ (Month) _____ (Year) _____

Credit card billing will state: "Student Assurance Services, Inc."
 Security Code (on back of card, 3 digits) _____ - _____
 Soc. Sec. # _____ - _____ - _____

I understand the policy excludes benefits for pre-existing conditions, not subject to credit for prior coverage, until I am continuously covered under the policy for 12 months.

Student Signature _____ Date _____ / _____ / _____
 Cardholder Name/Cardholder Signature _____ Date _____ / _____ / _____
 Cardholder Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Dependent Information (complete if purchasing dependent coverage).

Spouse's Name _____ Soc Sec# _____ Birthdate _____ (MM/DD/YYYY)
 Child's Name _____ Soc Sec# _____ Birthdate _____ (MM/DD/YYYY)
 Child's Name _____ Soc Sec# _____ Birthdate _____ (MM/DD/YYYY)

PREMIUMS

Student Only - Under Age 30	<input type="checkbox"/> \$ 680.00	<input type="checkbox"/> \$ 268.00	<input type="checkbox"/> \$ 432.00	<input type="checkbox"/> \$ 207.00
Each Dependent	<input type="checkbox"/> \$ 1,360.00	<input type="checkbox"/> \$ 527.00	<input type="checkbox"/> \$ 853.00	<input type="checkbox"/> \$ 404.00
Student Only - Age 30 and Over	<input type="checkbox"/> \$ 1,035.00	<input type="checkbox"/> \$ 403.00	<input type="checkbox"/> \$ 652.00	<input type="checkbox"/> \$ 310.00
Each Dependent	<input type="checkbox"/> \$ 2,585.00	<input type="checkbox"/> \$ 992.00	<input type="checkbox"/> \$ 1,613.00	<input type="checkbox"/> \$ 760.00

***Optional Major Medical Coverage \$250.00 per Person**

*Students must enroll in the basic injury and sickness benefit of the insurance plan in order to purchase optional major medical coverage, and coverage must be purchased when first enrolled in the plan. Optional coverage will terminate when your accident and sickness insurance plan terminates. Optional coverage can be purchased for the student only, or for the student and dependents. Optional coverage is not available for dependents only. It is your responsibility to make timely payments regardless of whether or not you receive a premium notice. This plan has an enrollment period; refer to the online brochure on the website www.sas-mn.com.

Coverage becomes effective on the later of the Master Policy effective date 08-15-2011; 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 Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the accident and sickness insurance coverage is due and unpaid. No refunds, except as provided in the Master Policy. Any refund provided is subject to a \$25 administration fee.

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Who Is Student Assurance Services, Inc. ?

We are a leader in the specialty market of student accident and sickness insurance. Since 1971 we have been designing, marketing, and administering insurance plans to public and private colleges, universities, and technical schools. Our goal is to design an insurance plan that provides the best overall coverage protection if you become sick or injured, at a cost that is affordable to you or your parents. We have dedicated and experienced staff to provide outstanding customer service and claim processing services from our location in Stillwater, Minnesota.

Who Is Eligible To Enroll?

All students under age 65 and attending Grand Valley State University are eligible to enroll in the plan on a voluntary basis. The spouse and all dependent children of the insured student are also eligible to enroll.

When Can I Enroll?

Students can enroll in the plan any time prior to the coverage period effective date through the end of the enrollment period deadline date. Coverage becomes effective on the date the coverage period begins or the date after the premium payment is received, whichever is later. Refer to our website: www.sas-mn.com for enrollment periods, effective and termination dates of coverage, and plan costs. An enrollment form is attached for your convenience.

How Do I Enroll?

Option 1 - Complete the attached enrollment form and return it with credit card information or a check made payable to:
 Student Assurance Services, Inc.
 P.O. Box 196
 Stillwater, MN 55082-0196

Option 2 - Complete the enrollment form online at www.sas-mn.com. The online form is available under "Find My School".

Where Can I Obtain More Information About The Plan?

Students may view or print a detailed brochure from our website www.sas-mn.com. 1) Click on "Find My School" 2) Select the state where the school is located 3) Search and select the school name. Students may also call us with any questions at (800) 328-2739.

What Is The Cost Of The Plan?

Annual Premium	08-15-2011 to 08-14-2012
Student Only - Under Age 30	\$ 680.00
Each Dependent	\$ 1,360.00
Student Only - Age 30 and Over	\$ 1,035.00
Each Dependent	\$ 2,585.00
Optional Major Medical Coverage	\$250.00 per Person

Additional premium information can be viewed on the attached enrollment form or by visiting the website: www.sas-mn.com



Form No. 3758-CL-11 MI

W-88MI

BENEFITS SUMMARY

Basic Maximum Benefit	\$50,000 for each Injury or Sickness Covers inpatient and outpatient expenses
Major Medical Benefit - Option to purchase Additional Coverage	\$100,000 maximum lifetime benefit for each Injury or Sickness. Maximum includes basic and major medical plan benefits - 100% of usual & customary charges
Basic Deductible	Injury - \$50 per person, each injury Sickness - None
Co-insurance (plan pays)	Injury - 100% of usual and customary charges Sickness - 80% or 100% of usual & customary charges; Refer to online brochure for details.
Inpatient Hospital Room and Board	Injury - 100% of usual & customary charges Sickness - Maximum benefit \$1,000 per day
Inpatient Hospital Miscellaneous	Injury - 100% of usual & customary charges Sickness - Maximum benefit \$4,000
Outpatient Physician Visits	Injury - 100% of usual & customary charges Sickness - \$100 per visit
Emergency Room	Injury - 100% of usual & customary charges Sickness - 80% of usual & customary charges, maximum of \$500; after \$50 copay per visit
Outpatient Prescription Drugs 30-day supply per drug	Maximum benefit of \$500 for each Injury or Sickness; after a \$15 copay per drug

This pamphlet is for informational purposes only. It provides a partial or general description of plan benefits and programs, it is not a contract. The plan contains maximums, limitations, and exclusions for some medical services that may be important. We encourage reviewing the detailed brochure on our website www.sas-mn.com before deciding to purchase this coverage.

Additional Programs And Services Offered

- Travel Assistance*** Global Emergency Services program is provided by Scholastic Emergency Services. The program provides 24-hour assistance whenever the student travels more than 100 miles away from the permanent residence, campus location or in another country. International students are eligible for services both on and away from campus.
- Nurse Line*** The program provides free nurse consultation services at *Ask Mayo Clinic*.
- Online Services** Students can view eligibility and claims, make premium payments, order an ID card, complete a claim form, obtain plan summary, and view other products and services 24 hours a day by going to the Student Assurance Services Inc. website www.sas-mn.com.

* These programs are not underwritten by Columbian Life Insurance Company, but provided by independent vendors and are included if students participate in the plan.

