

**Send Completed Enrollment Form and
 Check Made Payable to:**
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009

EXCLUSIONS & LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, service or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a sickness or injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; or are received from any family member.
2. War, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Suicide or intentionally self-inflicted injury while sane or insane.
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. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
6. Dental treatment or dental x-rays, except as specifically provided for injury to sound natural teeth.
7. Organ, tissue and cell transplants.
8. Skydiving, parachuting, hang gliding, or parasailing.
9. Injury resulting from participating in any contest or competition of intercollegiate sports, club or intramural sports; traveling to or from such sport or sport-related contest or competition as a participant; or while participating in any practice or conditioning program for such sport-related contest or competition.
10. Services that are provided normally without charge by the Policyholder's student health center; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
11. Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
12. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process.
13. Routine newborn infant care, well-baby care and related doctor charges, except as specifically provided in the Policy.
14. Congenital conditions, except as specifically provided for newborn or adopted infants.
15. Braces and appliances.
16. Outpatient prescription drugs.

\$500,000
Optional catastrophic
Coverage Available

See application card for rates and enrollment.
Benefits are paid at 80% to \$500,000 for Students.
Benefits are paid at 50% to \$100,000 for Dependents.
Subject to the \$50,000 deductible.
Benefits, provisions, and exclusions are not listed
in this brochure.
This coverage is provided by
MARKEL INSURANCE COMPANY

CLAIM PROCEDURE

In the event of Injury or Sickness the student should:

1. Consult a Physician and follow his/her advice. Notify the Plan Administrator within 30 days after the date of the covered accident or commencement of the covered Illness, or as soon thereafter as is reasonably possible. Please note that students may go to any doctor desired.
2. Obtain a claim form from Health Services or online at www.1stagency.com/claimforms.htm. Students are responsible for filing their own claims.
3. Written proof of loss [itemized bill(s)] must be furnished with your claim within 90 days after the date of the Loss.
4. Questions should be referred to the Plan Administrator.

First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI 49009-8501

In the event it becomes necessary to check on the status of your filed claim, you may call the Claims Office from 7:30 a.m. to 4:30 p.m. (Eastern Standard Time), Monday through Friday. The telephone number is: 1-269-381-6630.

TO APPLY FOR COVERAGE

Complete the enrollment card and return with your check made payable to:

FIRST AGENCY, INC.
5071 WEST H AVENUE
KALAMAZOO, MI 49009-8501
www.1stagency.com

Only the above office is authorized to accept and process your completed enrollment card; do not send them elsewhere. No refunds are made except as provided for in the Master Policy.

Notice of Privacy Practices For Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by us, and of your rights and our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of your initial enrollment at the school by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501

Keep this brochure as your summary of coverage no individual policy will be issued - a master policy is issued to the school. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy

No premium refunds are permitted except when the student enters full-time active military service in which case a pro-rata refund will be made upon written request.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

For Students At

AQUINAS COLLEGE

2009/2010

Administered by

First Agency, Inc.
 5071 West H Ave.
 Kalamazoo, MI 49009-8501
 (269) 381-6630

Underwritten by

Guarantee Trust Life Insurance Company



Policy #214-125-004-N

Dear Student:
 The administration is making available to the students and their dependents, a plan of Blanket Accident and Health Insurance underwritten by Guarantee Trust Life Insurance Company. The coverage is designed to provide benefits for medical expenses arising from an accident or illness, including those which occur off campus and during interim vacations. Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage. Any questions about the policy should be directed to: First Agency, Inc. 5071 West H Ave., Kalamazoo, MI 49009-8501. Phone (269) 381-6630

ELIGIBILITY

All full-time registered students, taking 12 credit hours or more, and part-time students, taking 6 credit hours or more, are eligible to participate in this program. The Eligible Person must attend classes at the Policyholder's school for at least 31 days of the period for which coverage is purchased. Students withdrawing after such 31 days will remain covered under the Policy and no refund will be allowed. Students may secure family coverage. Dependent coverage can only be purchased in conjunction with the student coverage. Eligible dependents are the spouse (residing with the Insured Student) and unmarried children under nineteen years of age who are not self-supporting and reside with the Insured Student. Eligibility requirements must be met each time a premium is paid to continue coverage. Newborn children are covered for Injury or Sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid.

EFFECTIVE DATE

Your coverage becomes effective on the later of: the Policy effective date (8/15/09); or the date the application and proper premium is received by the Administrator.

Enrollment is only allowed during the open enrollment period which is 8/24/09 to 9/24/09.

Exceptions will be made for the following:

1. Adding a new spouse or Dependent child (within 31 days of marriage, birth, or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

TERMINATION DATE

A covered person's coverage will terminate on the earliest of the following dates: 1) the last day of the period through which the premium is paid; 2) the date of entry into full time active military services (unearned pro-rata premium will be refunded upon request); 3) the date the insured student's coverage terminates; or 4) the date the Policy terminates (8/15/10).

PRE-EXISTING CONDITIONS

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. 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 whose most recent prior creditable coverage was under an employer group health plan; and who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

A Pre-existing Condition is a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the 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.

MEDICAL BENEFITS SCHEDULE

When your covered injury or sickness requires medically necessary treatment by a Doctor, the Policy will provide the following benefits while your coverage is in force during the Policy year for the Reasonable and Customary (R&C) charges scheduled below. The Policy will allow benefits only for expenses not covered by other valid and collectible coverage. If the total covered expenses are less than \$100, this provision will be waived. Treatment of Injury must begin within 30 days of covered accident.

PART A: BASIC INJURY BENEFITS\$5,000 maximum/each Injury, Subject to following limits		
DENTAL TREATMENT - Repair /or replacement of sound and natural teeth		\$500
PHYSICAL THERAPIST		\$25 a visit, 1 visit/day
ANESTHETIST (Inpatient and Outpatient).....		25% of surgery allowance
ASSISTANT SURGEON (Inpatient).....		25% of surgery allowance
ALL OTHER COVERED SERVICES.....		R&C
PART B: BASIC SICKNESS BENEFITS*\$5,000 maximum/each Sickness, Subject to following limits		
HOSPITAL, ROOM AND BOARD: Average daily semiprivate room rate		\$350/day
HOSPITAL MISCELLANEOUS INPATIENT: for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc.....		\$1,500
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS -in lieu of INPATIENT.....		\$1,500
DOCTOR'S NONSURGICAL VISITS (Inpatient).....		\$30/visit, 1 visit/day, up to 30 visits
DOCTOR'S NONSURGICAL VISITS (Outpatient)		\$30/visit, 1 visit/day, limit 5 visits
SURGICAL TREATMENT: (in or out of hospital) services performed by a licensed doctor as determined by reference to the 80th percentile in accordance with the most current Reasonable and Customary payment system		80% of R & C incurred to a maximum of \$1,000
ANESTHETIST AND/OR ASSISTANT SURGEON.....		25% of Surgical Treatment
OUTPATIENT TREATMENT: when the covered person is not hospital confined as a resident bed patient and incurs expense for emergency room and/or diagnostic x-rays/lab test by doctor or hospital.....		\$400
ALCOHOL/DRUG ABUSE BENEFITS:.....		\$3,919 per policy year
AMBULANCE SERVICES:.....		\$200
MATERNITY BENEFITS:.....		Same as any Sickness
MENTAL NERVOUS DISORDERS: is payable on the same basis as sickness, except:		
DOCTOR'S NONSURGICAL VISITS (Inpatient).....		\$30/visit, 1 visit/day, up to 10 visits
*Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Major Medical Expense Benefit of this Policy.		
PART C: MAJOR MEDICAL BENEFITS \$50,000 maximum/each Injury and each Sickness After medical expenses incurred reach \$5,000 under the Basic Injury Benefit or Basic Sickness Benefit (PARTS A or B), the Company will then pay 80% of the Reasonable and Customary Expenses incurred during the Policy year up to a maximum of \$50,000. This maximum includes both benefits paid under PARTS A or B and PART C. Benefits shall end at the close of the period of coverage under this Policy. No benefits are payable for treatment of mental or nervous disorders, alcohol/drug abuse, motor vehicle injuries, or dental treatment.		
PART D: MEDICAL EVACUATION AND REPATRIATION (Foreign Students and Foreign Study) If the insured person, by reason of covered Injury or Sickness and following at least 5 consecutive days of hospital confinement, requires evacuation to the Insured Student's home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of \$10,000 provided that such evacuation is certified as medically necessary by the attending doctor and subject to prior approval by the Company. If the Insured person dies as the result of a covered Injury or Sickness, the Company will pay the expense actually incurred for the preparation and transportation of the body to the Insured Student's home country, up to a maximum of \$7,500. Payment is subject to prior approval by the Company.		
PART E: ACCIDENTAL DEATH AND DISMEMBERMENT Occurring within 180 days from of accident, pays in addition one of the following (the largest applicable amount):		
Accidental Death.....		\$1,000
Single Dismemberment		\$1,000
Double Dismemberment.....		\$1,000
PART F: PREMIUMS	8/15/09 TO 8/15/10	*Installation Premiums
Students only - under age 35	\$ 630.00	\$216.00
Dependents (each)	\$ 932.00	\$316.00
Student Only - age 35 or over	\$ 797.00	\$271.00
Dependents (each)	\$1,450.00	\$488.00
*The three installment method of payment is only available to those students enrolling prior to 9/24/09. For students making three installments; the second installment will be billed and due on 12/15/09. The third installment will be billed and due on 4/15/10.		

Enrollment For Student Accident and Sickness Plan

PREMIUMS

Students Only - Under age 35	8/15/09 to 8/15/10	*Installation Premiums
Dependents (each)	\$630	\$216
Student Only - Age 35 and over	\$932	\$316
Dependents (each)	\$797	\$271
	\$1,450	\$488

*The three-installment method of payment is only available to those students enrolling prior to 9/24/09. For students making three installments, the second installment will be billed and due on 12/15/09; the third installment will be billed and due on 4/15/10. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice.

Additional \$500,000 Catastrophic Coverage - Student (Annual) \$200

The catastrophic coverage is provided by: **MARKEL INSURANCE COMPANY.** Please call for rate if you are age 25 or older for \$500,000 Max. Plan Only!

School's Name _____ Student's Name _____ Date of Birth _____
 Billing Address _____
 CITY _____ STATE _____ ZIP CODE _____
 Signature: _____

Dependent Information (complete if purchasing dependent coverage):

Spouse's Name _____ Age _____
 Child's Name _____ Age _____

I understand that insurance becomes effective only when this application and full premium have been received by First Agency, Inc.