

In the event of injury or sickness, the student should:

- a. If on Campus, report at once to the Health Service in Miller Hall, between 8:00 a.m. to 4:00 p.m., Monday through Friday.
- b. If away from Campus, secure treatment, pay the bill, obtain a receipt, and procure instructions for claim procedure from the Health Service.
- c. Provide notification of injury or sickness to the Administrator, First Agency, Inc. 5071 West H Avenue Kalamazoo, MI 49009, within 20 days after the accident or commencement of sickness or as soon thereafter as is reasonably possible.
- d. **Bills for which benefit** is to be paid must be submitted within 90 days of the date of treatment.

EXCESS COVERAGE

The Policy is on an excess basis, unless otherwise specified in the brochure and benefits exceeding \$75 shall be limited to expenses not covered by other valid and collectible medical insurance. The policy does not cover expenses incurred in excess of the reasonable and customary charge for the service, supply or treatment given.

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.

**INTERCOLLEGIATE SPORTS
MAXIMUM BENEFIT \$25,000
(FOR EACH INJURY)**

Insured student athletes who are members of and are participating in intercollegiate athletics, as well as sponsored by the Policyholder, are covered for athletic injuries.

Athletic Injuries are subject to the allocations as defined in part A of the schedule of benefits payable within a 52 week benefit period.

Any provision of the Policy or the brochure which is in conflict with the statutes of the state in which the policy is issued will be administered to conform with the requirements of the state statutes.



In association with:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501

The Student Insurance Plan is underwritten by:

Guarantee Trust Life Insurance Company

Policy # 214-125-001-N

For persons lacking other insurance coverage, a Major Medical Insurance Plan is being made available.

When as a result of a covered accident or covered sickness, the Insured Person incurs loss **within 52 weeks** immediately following the date of the accident or the date of the first treatment for sickness, the Company will pay **80%** for students and **50%** for dependents of the Reasonable and Customary expenses incurred for covered Major Medical Benefits expense, subject to the \$15,000 deductible up to a maximum benefit of **\$500,000** for students and **\$100,000** for dependents for each accident or each sickness.

The Major Medical Plan is underwritten by:

Markel Insurance Company

For further information or a brochure explaining this coverage, please call First Agency, Inc. at (269) 381-6630.

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 request.

This is a non-renewable one year term policy. It is the insured's responsibility to maintain continuity of coverage.

Keep this brochure as a summary of the Insurance. No individual policies will be sent to the insured. If any discrepancies exist between the brochure and the policy, the policy on file with the school governs the payment.

EXCLUSIONS & LIMITATIONS

The Policy won't pay benefits for:

1. Treatment, services 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 Us;
 - Are received without charge or legal obligation to pay;
 - Would not routinely be paid in the absence of insurance;
 - Are received from any 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. 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.
4. Expenses incurred as a result of participating in a riot or civil commotion.
5. Cosmetic surgery, except made necessary by Injury.
6. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a farepaying passenger in an aircraft operated by a commercial scheduled airline, or when undergoing instructions as part of the Policyholder's flight school.
7. Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
8. Treatment of mental or nervous disorders, except as specifically provided.
9. Expenses incurred as a result of dental treatment or dental x-rays, except as specifically provided for Injury to Sound Natural Teeth.
10. Eye examinations or the fitting of glasses.
11. Treatment in a Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.



**Cornerstone
UNIVERSITY**

2009 - 2010

Student Injury And Sickness Insurance Plan

Policy #214-125-001-N

Dear Students:
An accident and sickness (illness) insurance plan is maintained by the Cornerstone University (including Grand Rapids Theological Seminary) for all eligible students. We are pleased to have this benefit for you and we encourage you to use this plan, even if you have other health insurance. Although this plan is not a major medical health plan it does provide some "first dollar" coverage. This plan covers you 24 hours per day, on and off campus (worldwide).

This brochure will acquaint you with the plan and you may inspect the master policy during regular business hours at the school's business office. Any discrepancy between this brochure and the Master Policy will be governed by the Master Policy. The Health Services office will assist you in applying for benefits.

ELIGIBILITY

If you meet the eligibility requirements below, you are automatically enrolled each semester. Eligibility requirements must be met each time a premium is paid to continue coverage. 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 the policy eligibility requirements have not been met, our only obligation is refund of premium. In order to continue coverage, eligibility requirements must be met each time a premium is paid. 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.

- Undergraduate students must carry at least 6 credit hours per semester.
- Seminary students must carry at least 5 credit hours per semester. Eligible students may purchase coverage for their spouse and dependent children under the age of 19 by completing the form attached and submitting it together to the business office. Dependent enrollment is only allowed during the open enrollment period which is 9/8/09 to 10/8/09. Exceptions will be made for the following:
 - Adding a new spouse or Dependent child (within 31 days of marriage, birth or adoption).
 - Enrolling as a new or transfer student within 31 days of enrollment at the school.
 - Within 31 days of ineligibility under another plan of creditable coverage and accepted and exhausted COBRA continuation of coverage if offered.

EFFECTIVE DATE

Coverage becomes effective on the later of: the Policy effective date (8/15/09); or for Dependent coverage, the Policy effective date for enrollment and premium received on or prior to the Policy effective date, or after the Policy effective date, the enrollment and premium are received by the Administrator prior to the enrollment deadline.

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 in to full time active military services; 3) the date the insured student's coverage terminates; or 4) the date the Policy terminates (8/15/10).

PRE-EXISTING CONDITION LIMITATION

There is no coverage for Pre-existing Conditions except for individuals who have been continuously insured under the school's policy for 12 consecutive months.

The Covered Person must provide us proof of prior Creditable Coverage. This limitation will not apply if, during the period immediately preceding the Covered Person's Effective Date of coverage under this Policy, the Covered Person was covered under prior Creditable Coverage for 12 consecutive months. Prior Creditable Coverage of less than 12 months will be credited toward satisfying the Pre-existing Condition limitation. This waiver of Pre-existing Conditions will apply only if the Covered Person becomes eligible and applies for coverage within 63 days of termination of his or her prior coverage.

Continuous Coverage: The period of time that a Covered Person is continuously insured under this Policy and/or any prior Creditable Coverage with no greater than a 63 day lapse between the effective date of coverage under this Policy and the termination of prior Creditable Coverage.

A Pre-existing Condition is a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 month period immediately prior to the covered Person's effective date of coverage under the policy; a pregnancy existing on the covered person's effective date of coverage.

BASIC MEDICAL EXPENSE BENEFITS
Up to \$5,000 Maximum Benefit Paid as Specified Below (For Each Injury)
Sickness Benefits Paid up to \$15,000 According to Schedule of Benefits Specified Below (For Each Sickness)
Intercollegiate athletics have a \$25,000 Maximum per athletic injury subject to the schedule of benefits. For benefits to be eligible: (a) Covered Charges for injury must be incurred within 52 weeks from the date of accident (b) Covered Charges for Sickness must be incurred within the policy Year.

When your covered injury or sickness requires treatment by a doctor, this plan will provide the following benefits while your coverage is in force for the usual and customary charges scheduled below. Treatment of injury must begin within 30 days of covered accident.

PART A: BASIC INJURY BENEFITS	
DENTAL TREATMENT - Repair and/or replacement of sound and natural teeth	\$250.00
AMBULANCE	\$100.00
TREATMENT FOR SUBLUXATION OR DISLOCATION OF THE VERTEBRAE	\$100.00
ALL OTHER COVERED SERVICES	U & C
PART B: BASIC SICKNESS BENEFITS	
INPATIENT	
HOSPITAL ROOM AND BOARD	up to \$300 per day, 30 day limit
HOSPITAL MISCELLANEOUS: for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc.	up to \$1,000
SURGEON'S FEES: paid in accordance with a graduated schedule	up to \$600
ANESTHETIST	25% of applicable surgical procedure
DOCTOR VISITS: limited to one visit per day	up to \$50 per day/\$250 maximum
SUBSTANCE ABUSE	up to \$3,919 per policy year
AMBULANCE:	up to \$100
OUTPATIENT	
Physician visits, including medical centers, when referred by Cornerstone University Health Services	up to \$250 maximum
MISCELLANEOUS: for x-ray examination, laboratory tests, anesthesia, operating room, temporary surgical appliances	up to \$300
SURGEON'S FEES: paid in accordance with a graduated schedule	up to \$600
ANESTHETIST	25% of applicable surgical procedure
PART C: CORNERSTONE UNIVERSITY STUDENT HEALTH SERVICES	
MEDICAL SERVICES: (primary basis) medical services rendered at Student Health Services including Diagnostic testing, lab fees, supplies	Up to \$300 maximum/\$10 co-pay per visit
MENTAL AND NERVOUS DISORDERS	up to \$20 per visit/10 visit maximum/\$5 co-pay per visit
TRAVEL IMMUNIZATIONS:	Up to \$200 benefit limit/payable at 100%/\$10 co-pay per visit
WEIGHT WATCHERS/PREVENTION BENEFIT:	Up to \$200 maximum/\$20 per visit/\$5 co-pay per visit
PART D: ADDITIONAL MAJOR MEDICAL BENEFITS AVAILABLE:	
See reverse side of the student brochure for details.	
PART E: ACCIDENTAL DEATH AND DISMEMBERMENT	
Occurring within 180 days from date of accident according to the policy schedule. Pays in addition to any medical expense payments under this plan.	
Accidental Death	\$3,000
Accidental Dismemberment	up to \$3,000

DEPENDENT ENROLLMENT CARD

Student's Name _____ Date _____

PLEASE PRINT _____ (Last) _____ (Middle)

Spouse (PLEASE PRINT) _____ (Last) _____ (First) _____ (Middle)

Child (PLEASE PRINT) _____ (Last) _____ (First) _____ (Middle)

Child (PLEASE PRINT) _____ (Last) _____ (First) _____ (Middle)

Mailing Address for Correspondence _____ (Street) _____ (City) _____ (State) _____ (Zip)

I have read the details concerning the student hospital expense insurance program now being provided to the students of our university.
 I wish to purchase this protection for my dependents. Enclosed is my check or money order payable to Cornerstone University or Grand Rapids Theological Seminary, in the annual amount of:

- Spouse Only \$1,065.00
 Spouse and Children \$1,338.00
 Children only \$266.00

Signature _____ (Student)

PLEASE RETURN THIS CARD IMMEDIATELY TO THE UNIVERSITY BUSINESS OFFICE. NO ENROLLMENT WILL BE ACCEPTED AFTER SEPTEMBER 28, 2009