

2012-2013 STUDENT INJURY & SICKNESS INSURANCE PLAN

A Primary Insurance Policy Designed for the Students of the



SOUTHERN UNIVERSITY AND A&M COLLEGE SYSTEM

Your student health insurance coverage, offered by Monumental Life Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years beginning on or after July 1, 2012, but before September 23, 2012, \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage has a \$15,000 per Injury or Sickness maximum benefit with internal limits thereunder. If you have any questions or concerns about this notice, contact Bollinger Inc., Short Hills, NJ, 1-866-267-0092. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

Baton Rouge, Law Center,
New Orleans, and Shreveport Campuses

Visit us on the web: www.BollingerColleges.com/SUS

Administered by: **Bollinger, Inc.**

THIS PLAN UNDERWRITTEN BY:

MONUMENTAL LIFE

INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
a Transamerica company

Policy Form SH5000GPM.LA

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FILING A CLAIM

FILING A CLAIM

All claims must be received by the Claims Office within 90 days from the date of service. The claim must include:

- The itemized medical and/or hospital bills;
- Name of patient;
- Insured's name, address, ID Number, and name of the school under which the student is insured;
- A company claim form is required for all claims, and may be downloaded at www.BollingerColleges.com/SUS or you may pick up a claim form from your Student Health Center;
- Students Only – A Student Health Center referral is required for ALL outpatient treatment except for medical emergencies or as stated in the Student Health Center (SHC) Referral Required (Students Only) section on pages 1 and 2.
- Mail Claims to:

Bollinger, Inc.,
P.O. Box 727
Short Hills, NJ 07078-0727

ELIGIBILITY

All registered students are automatically enrolled in this insurance plan at registration and the premium coverage is added to their tuition billing. The Company maintains its rights to investigate student status to verify that the eligibility requirement has been met. If the Company discovers that the eligibility requirements have not been met, coverage will be terminated and premiums refunded. Any claims incurred during this time will then be considered ineligible under the policy.

DEPENDENT COVERAGE

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse and any children (including adopted children) up to age 26. Dependent also includes unmarried grandchildren of the insured in the insured's legal custody from the date of birth to the limiting age.

EFFECTIVE AND TERMINATION DATES

The Master Policy on file at the University becomes effective at 12:01 a.m., June 30, 2012 for all campuses; Baton Rouge, Law Center, Shreveport, and New Orleans. The Master Policy terminates at 12:00 a.m., August 12, 2013. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insurer or extend beyond that of the Insured Student.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED (STUDENTS ONLY)

The coverage under this Policy supplements the services provided at the Student Health Center. The Insured (students only) must use the resources of the University's Student Health Center when first seeking medical treatment. Treatment will be either administered at the Student Health Center or a referral to another facility will be given. Expenses incurred for medical treatment received outside of the Student Health Center without prior approval or referral will be paid as shown on the Schedule of Benefits. The written referral issued by the Student Health Center must accompany the written notice of the claim when it is submitted.

A SHC referral for outside care is not necessary only under the following conditions:

1. A Medical Emergency. The student must return to the SHC for necessary follow-up care and to obtain a claim form;
2. When the SHC is closed;
3. When service is rendered at another facility during break or vacation periods;
4. Medical care received when the student is more than 50 miles from campus;
5. Medical care obtained when a student is no longer able to access the SHC, due to a change in the student's status;
6. Maternity; or
7. Psychiatric care.

STUDENTS ATTENDING THE SHREVEPORT CAMPUS DO NOT HAVE ACCESS TO A STUDENT HEALTH CENTER AND ARE THEREFORE EXEMPT FROM THE ABOVE REFERRAL REQUIREMENT.

Dependents are not eligible to use the SHC and therefore are exempt from the above limitations and requirements.

REPATRIATION BENEFIT- \$7,500 MAXIMUM BENEFIT

If the Insured dies prior to his/her termination date of coverage under the Policy, benefits will be paid up to a maximum of \$7,500 for the preparation of the body for burial or cremation in the home country including: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country. This benefit does not include the transportation expense of anyone accompanying the deceased.

INTRAMURAL SPORTS AND CHEERLEADING BENEFIT

Benefits will be paid up to a maximum \$15,000 for Injury sustained as a direct result of participation in Southern University's intramural sports or cheerleading programs.

**NATURAL DEATH BENEFIT.. \$10,000
(For students ONLY)**

ACCIDENTAL DEATH, NATURAL DISASTER AND DISMEMBERMENT BENEFITS

If such Injury shall independently of all other causes and within 365 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below:

Description of Loss	Benefit Amount
Life	\$10,000.00
For loss of hand, feet or eye	\$ 3,000.00
For loss of hand, one foot or one eye	\$ 1,500.00
For loss of sight in one eye	\$ 2,500.00

PRE-EXISTING CONDITION LIMITATION

No benefits will be payable for the Insured's Pre-existing Conditions. They are defined as an Injury sustained or a Sickness for which the insured noticed symptoms or was medically diagnosed, treated (including medication), or advised by a Physician within the six months immediately prior to his/her Effective Date of Coverage under this Policy. Covered Medical Expenses resulting from a Pre-existing Condition will not be covered unless: 1) twelve consecutive months have elapsed during which no medical treatment or advice is given by a physician for such condition; or 2) the Insured has been insured under this Policy and the University's prior policies for twelve continuous months; or 3) the Insured has been receiving benefits under the University's prior policies and has been continuously insured since the date of Injury or Sickness, whichever occurs first.

SUMMER PROGRAMS/ OTHER INSTITUTES

Coverage is provided for the Injury and Sickness benefits provision, to include hospital and medical services, for approximately 500 system-wide high school, junior high and elementary school students and/or students from other Universities, while enrolled in Summer Programs/Other Institutes that are sponsored and supervised by the University, for a period of up to twelve (12) weeks.

DEFINITIONS

SICKNESS means an illness, or disease which first manifests or causes a loss while this Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. It also includes Pregnancy and Complications of Pregnancy.

INJURY means bodily Injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. A Covered Person must begin receiving services, supplies or treatment within 72 hours from the time of accident in order for it to be considered a covered Injury. All Injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single covered Injury. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. He may not be the Insured or a member of his Immediate Family.

MEDICAL EMERGENCY means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, permanent placement of Covered Person's health in jeopardy, serious impairment of bodily functions or serious and permanent dysfunction of any body organ or part. Expenses incurred for a Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.

MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the Covered Person's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the Insured.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the FAIR Health schedule of fees.

ELECTIVE SURGERY AND ELECTIVE TREATMENT means any surgery or treatment that is not Medically Necessary, including any service, treatment, or supply that is deemed by us to be research or experimental; or is not recognized as generally accepted medical practice in the United States. Elective Surgery and Elective Treatment do not include any procedures deemed a Medical Necessity. Elective Surgery does not mean a Cosmetic Procedure required to correct an Injury for which benefits are otherwise payable under this Policy.

Elective Surgery and Elective Treatment includes but is not limited to surgery and/or treatment for acne; acupuncture; allergy and allergy vials, including allergy testing; bio-feedback type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this Policy, and except for cosmetic surgery required to correct a covered Injury or infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered newborn child for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction; family planning; fertility tests; hair growth or removal; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind), except for the treatment of an underlying covered Sickness; premarital examinations; preventive medicines or vaccines, except where required for the treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing; smoking cessation; temporomandibular joint dysfunction (TMJ); tubal ligation; vasectomy; and weight loss or reduction.

ADDITIONAL BENEFITS

Injury and Sickness Benefits will also be provided for the following:

1. Cleft Lip and Cleft Palate Coverages

The Insurance Plan will pay the Usual and Customary expenses incurred during the Benefit Period for the treatment of cleft lip and cleft palate, not to exceed the Policy maximums as indicated under the Basic and Major Medical Benefits.

Eligible Expenses include:

- A. Oral and facial surgery, surgical management, and follow-up care.
- B. Orthodontics.
- C. Preventive and restorative dentistry.
- D. Prosthetic management and therapy.
- E. Speech language evaluation and therapy.
- F. Audiological assessment and amplification devices.
- G. Otolaryngology treatment and management.
- H. Psychological assessment and counseling.
- I. Genetic assessment and counseling.

2. Hearing Impaired Interpreter Transliterater Services: Coverage is provided for services performed by a qualified interpreter/transliterater, other than a family member of the insured, when such services are used by the insured in connection with medical treatment or diagnostic consultations performed by a physician, dentist, chiropractor or podiatrist, provided such medical treatment or consultation is covered under the policy and provided the services are required because of a hearing impairment of the insured or a failure of the insured to understand or otherwise communicate in spoken language;

3. Coverage for Mammograms:

- a. one baseline mammogram from ages 35 through 39;
- b. one mammogram every 12 months or more frequently if recommended by a Doctor for ages 40 through 49;
- c. one mammogram every 12 months age 50 or over.

4. Coverage for Attention Deficit Hyperactivity Disorder The Plan will cover Usual and Customary expenses incurred during the Benefit Period for diagnosis and treatment of Attention Deficit/ Hyperactivity Disorder when rendered or prescribed by a Doctor or other provider licensed in Louisiana. Benefits will be payable under the same circumstances and conditions as any other illness but will be limited to the following: \$600.00 per Covered Person for the initial diagnosis; \$50.00 per outpatient visit; \$2,500 annual maximum benefit; and \$10,000 lifetime maximum benefit.

5. Coverage for Severe Mental Illness and Mental Disorder The Insurance Plan will pay the Usual & Customary eligible expenses for severe mental illness disorders not to exceed the Policy maximums as indicated under the Basic and Major Medical Benefits. Hospital inpatient days are limited to a maximum of 45 days per calendar year and outpatient visits are limited to 52 visits per calendar year.

- 6. Immunization Coverage for Dependent Children** The Plan will cover Usual and Customary expenses incurred during the Benefit Period for immunizations of eligible Dependent children from birth to age 6.
- 7. Pap Test for Cervical Cancer Benefit Coverage** will be provided for annual Pap test for cervical cancer when rendered or prescribed by a Physician or other LA licensed health care provider and received in a licensed Hospital or other facility including but not limited to clinics and mobile screening units.

BENEFIT SUMMARY

Benefits will be paid at 100% of the Usual and Customary Charge to a maximum benefit of \$15,000 subject to the limitations outlined below.

INPATIENT

Inpatient Deductible: \$100 for each Sickness per admission to a hospital or other comprehensive care facility

Room & Board/Hospital Miscellaneous: \$1,200 aggregate maximum per Sickness per day, to include but not limited to: Operating Room/Recovery Room Laboratory Exam/Tests, Oxygen, Basal Metabolism Test, Surgical Dressing, Plaster Costs, Pre-Admission Testing, X-Ray Examinations, Therapeutic services and supplies, Electrocardiograms, Physical Therapy, Anesthesia Materials and Services, Central Supplies, Drugs and medicines, including blood and blood plasma.

ICU/CCU/Hospital Miscellaneous: \$2,000 aggregate maximum per Sickness per day.

Physiotherapy: Paid under Room & Board/Hospital Miscellaneous.

Surgeon: Specified surgery, not to exceed \$3,000 maximum per Sickness.

Assistant Surgeon: Included in Surgeon benefit.

Anesthetist: 25% of Surgery allowance, not to exceed \$1000 per Sickness.

Registered Nurse: No benefits.

Attending Physician's Visits: Usual and Customary charges, and does not apply for post-op visits related to surgery.

Inpatient Psychotherapy: Psychiatric care includes: 1) Psychiatric evaluation; 2) Psychotropic/anti-psychotic recommended drugs; and 3) inpatient stay not to exceed 3 days, and not to exceed \$6,000 maximum for policy year. Prior to discharge the facility (hospital) must contact the University Counseling Center to arrange follow-up therapy if appropriate.

Mental or Nervous Disorders means any disorder specified in the diagnostic and statistical manual of mental disorders, Fourth Edition (DSM IV TR, 2000) of the American Psychiatric Association. This will not include conditions not attributable to mental disorders that are a focus of attention or treatment(DSM-IV, V Codes).

Attention Deficit Hyperactivity Disorder (ADHD) coverage - Benefits for an initial diagnosis ADHD shall not exceed \$600. Services rendered on an outpatient basis shall not exceed \$100 per doctor visit. The calendar year maximum benefit is \$2,500. The lifetime maximum benefit payable while coverage is in force is \$10,000. This includes prescription for drugs.

OUTPATIENT DAY SURGERY

(Health Center Referral Required-Student Only)

Surgeon: Specified surgery, not to exceed a \$3,000 maximum benefit, per Sickness.

Assistant Surgeon: Included in Surgeon's fee.

Day Surgery Miscellaneous: 80% of Usual and Customary for covered services, including but not limited to the following: Operating Room/Recovery Room, Laboratory tests, X-ray examinations, Facility fees, Anesthesia, Drugs and Medicines, and Central Supplies.

Anesthetist: 25% of surgery allowance, not to exceed \$1,000, per Sickness.

OUTPATIENT MISCELLANEOUS BENEFITS

(Other than Day Surgery)

Outpatient Miscellaneous Benefits: \$2,000 maximum policy benefit for each Sickness per policy year. (Refer to benefits listed below and Student Health Center referral requirement, where applicable, as stated under Outpatient Day Surgery.

Deductible: \$50 per covered Sickness for services received outside of the Student Health Center (the deductible is waived for lab work associated with the Pap Test Benefit).

Physician's visits: Paid under Outpatient Miscellaneous Benefits.(Not payable if related to Surgery).

Physiotherapy: Paid under Outpatient Miscellaneous Benefits.

Medical Emergency: (including use of the emergency room and supplies) Paid under Outpatient Miscellaneous Benefits.

Diagnostic X-ray and Laboratory service: Usual and Customary charge.

Tests and procedures: (including diagnostic services and medical procedures performed by a physician, other than physician's visits, physiotherapy, X-rays and lab procedures) Paid under X-ray and Laboratory. Injections: When administered in the physician's office or SHC and charged on the physician's statement.

Prescription Drug: Paid under Outpatient Miscellaneous Benefits. \$10 co-pay/ \$100 maximum per Sickness per Policy Year.
Psychotherapy Emergency Room: \$100 and payable only for medical emergency. Paid under Outpatient Miscellaneous Benefits.

Psychotherapy: Paid under Outpatient Miscellaneous Benefits.

ACCIDENTAL INJURY BENEFITS

Accidental Injury: The plan provides up to \$15,000 for medical expenses for each Injury for all enrolled students. The plan pays any or all of the following: a) Room and Board expense, daily semi-private room rate, and general nursing provided by the hospital, or daily private room rate if semi-private rooms are not available; b) Miscellaneous hospital expenses such as the cost of operating room, laboratory tests, X-ray examinations, anesthesia, drugs or medicines, therapeutic services, and supplies; c) Dental treatment made necessary by Injury to natural teeth; d) Physiotherapy; e) Surgeon's fees; f) Ambulance services; g) X-ray for accidents; h) Registered nurses services; i) Physician's visit; j) Pre-admission testing; k) Day surgery miscellaneous; l) Medical emergency expense, use of emergency room and supplies; m) Diagnostic x-ray and laboratory services; n) Tests and Procedures, diagnostic services and medical procedures performed by a Physician, other than physician's visit, physiotherapy, X-ray and lab procedures; o) Injections, when administered in the physician's office and charged on the physician's statement; p) Prescription drugs; q) Anesthetist; r) Braces and appliances; s) Consultant fees.

OTHER

Ambulance Services: \$1,000 maximum, per policy year.

Braces and Appliances: Paid under Outpatient Miscellaneous Benefits. A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.

Dental treatment: Made necessary by Injury to sound, natural teeth and removal of impacted wisdom teeth, maximum benefit \$300 per tooth. Students may have the option to purchase dental care which includes preventive maintenance.

Alcoholism/Drug Abuse: Paid under Psychotherapy. Durable Medical Equipment: Maximum benefit \$500.

Maternity: Paid as any other Sickness. Coverage provided for the Sickness benefits provision for hospital and medical services in connection with pregnancy or relating to childbirth, or miscarriage. To be effective, conception must have occurred prior to any termination of coverage. Enrollee has nine (9) months of coverage for delivery from the date of any terminated coverage.

Complications of pregnancy: Paid as any other Sickness.

EXCLUSIONS

Benefits will not be paid under this Policy and any attached Rider for any expenses which result from:

1. Eyeglasses, radial keratotomy, contact lenses, or prescriptions or examinations except as required for repair caused by a covered Injury;
2. Elective abortion;
3. Injury/Sickness caused by committing or attempting to commit an assault or felony; or fighting, except in self defense;
4. Declared war, riot, civil disorder, and civil commotion;
5. Injury or Sickness for which benefits are payable under any Workers' Compensation or Occupational Disease Law, or any similar act or law;
6. Treatment for breast implants; breast reduction; circumcision; deviated nasal septum, including sub mucous resection and/or other surgical correction thereof; family planning; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, skeletal irregularities of one or both jaws, including testing thereof, sleep disorders, tubal ligation or vasectomy;
7. Homemaking, companion or chronic (custodial) care services. Charges of a home health aide who is a member of your household. Charges of any care provided by relatives (by blood, marriage or adoption);
8. Expenses resulting from a motor vehicle accident if the insured person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy);
9. Elective Surgery or Elective Treatment;
10. Routine physical examinations, preventive testing or treatment, screening exams or testing in the absence of Sickness or Injury, pre-marital examinations, pre-employment examinations, health examinations or pre-school physical examinations including routine care of a newborn infant, well baby nursery and related Physician charges, and any associated laboratory work;

11. Injury resulting from the playing, practice, participating, or conditioning in any intercollegiate or interscholastic contest or competition sponsored by the school, any professional or semi-professional sport, or Injury sustained while traveling to or from such sport, contest or competition as a participant;
12. 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. This exclusion does not apply to insured students while taking flight instructions for university credit.
13. Injury resulting from racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), or any other hazardous sport or hobby;
14. Organ transplants;
15. Dental or periodontal treatment, except treatment resulting from an accident resulting from Injury outside the mouth; dental Injuries incurred while eating or biting down are not covered;
16. Any needed care or treatment for medically diagnosed congenital defects, or birth abnormalities (applies to dependent children); and
17. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.

PREFERRED PROVIDER NETWORK

Preferred Providers are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. Insured should always confirm that a Preferred Provider is participating at the time services are required by the provider when making an appointment for services or by visiting the website at www.myfirsthealth.com. For a list of additional PPO providers outside of the Baton Rouge area, please log on to www.myfirsthealth.com.

STUDENT ASSISTANCE SERVICES (Administered by On Call International)

The following services are available for use by the students insured under this plan. For additional information, please refer to the plan web site: www.BollingerColleges.com/SUS.

Nurse Helpline: Clinical assessment, education and general health information performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Students. Nurses shall not diagnose a Student's ailments.

Travel Assistance Services: Services provided include: Emergency Medical Transportation (Evacuation/ Repatriation); Medical Monitoring; Medical, Dental, & Pharmacy Referrals; Deposit, Advance, & Payment Guarantees; Dispatch of Medicine, Physician, or Nurse; Return of Deceased Remains; Return of Minor Children Assistance; Pre-Trip Information; 24/7 Emergency Travel Arrangements; Translation Assistance; Emergency Travel Funds Assistance; Worldwide Legal Assistance; Lost/Stolen Travel Documents Assistance; Emergency Message Forwarding; and Lost Luggage Assistance.

Bedside Visit: In the event that a covered student will be hospitalized 7 days or longer, On Call International will provide a benefit of up to \$2,500 for a parent or family member to join the hospitalized student. The benefit can go towards transportation and accommodations. In all cases On Call International must make and pay for the travel and Accommodations arrangements. There is no reimbursement for transportation or accommodations if made by the family or school.

Emergency Return Home: If a parent or sibling of a covered student dies or is hospitalized for a life threatening illness while the student is away at school (100 miles or more), On Call International will provide a benefit of up to \$2,500 for the student to return home. In all cases On Call International must make and pay for the travel arrangements. There is no reimbursement for transportation if made by the student, family or school.

Identity Theft Recovery Assistance: On Call International has an Identity Theft Recovery Unit who will listen, document, support, and guide participants who experience identity theft.

U.S. & Canada Toll Free: 866-525-1955 / International Collect: 603-328-1955

Note: The On Call related services listed above are not insurance and are not connected with or provided by Monumental Life Insurance Company.

**SOUTHERN UNIVERSITY SYSTEMS 2012-2013 OPTIONAL COVERAGE ENROLLMENT FORM
MONUMENTAL LIFE INSURANCE COMPANY**

Insured's Name _____

Last

First

Middle

Address _____

Street or PO Box

Student ID # _____

Date of Birth _____

City

State

Zip Code

Optional Injury & Sickness - Dependents

Annual

Spouse

\$ 400.00

Each Child

\$ 152.00

Spouse/ Child

\$ 551.00

Spouse/ Children

\$ 700.00

Optional Repatriation - Dependents

Annual

Spouse

\$ 28.00

Each Child

\$ 28.00

**Detach and Retain
2012-2013 Student Insurance Identification Card
Monumental Life Insurance Company**

Student ID Number

Insured (Name of Student)

If rate has been paid, the Student whose name appears above has been insured under policy number:
**Southern University Systems
Policy # CLA5061**

**Payment Instructions: Make check, money order or Visa/MasterCard Authorization payable to Bollinger, Inc.
Mail this enrollment card along with the premium payment to: Bollinger, Inc. College Enrollment Dept., PO Box 398, Short Hills, NJ 07078.** Your cancelled check is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

CLAIMS INSTRUCTIONS

Claims must be submitted to Bollinger, Inc. within 90 days after date of treatment. Mail all medical and hospital bills along with patient's name and insured student's name, address, Student's ID number and name of the university under which the student is insured to:

Bollinger, Inc.
P.O. Box 727
Short Hills, NJ 07078-0727
Claims/Coverage Quest

List dependents to be insured below.

Last Name	First Name	M/F	Date of Birth
Spouse _____	_____	_____	_____
Child: _____	_____	_____	_____
Child: _____	_____	_____	_____
Child: _____	_____	_____	_____

"I certify that I meet eligibility requirements for this coverage as described in the brochure. If it is later determined that I am not eligible, coverage will be terminated and my Premium will be refunded."

Are you aware that this coverage has a Pre-existing Conditions limitation:

1. Which excludes coverage for any Pre-existing Condition for 12 months from the effective date of coverage; and
2. For which a covered Person may receive credit if certain requirements are met and such person was previously covered for a Pre-existing Condition ____ Yes ____ No

Signature of Student _____ Date _____

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company unless otherwise stated in the Master Policy on file at the University. It is the Student's responsibility for timely renewal payments.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CAMPUS REPRESENTATIVES

Baton Rouge Campus:

Shirley F. Wade, MSN, APRN, FNP-C
Director, Student Health Services
Southern University – Baton Rouge
Baranco-Hill Student Health Center
Helen Barron Drive • Baton Rouge, LA 70813
225-771-4770 • Fax 225-771-6225
shirley_wade@subr.edu • terricka_fields@subr.edu

The Law Center:

Ms. Elaine S. Simmons
Associate Vice Chancellor/Enrollment
2 Roosevelt Steptoe Drive – Room 248
Baton Rouge, LA 70813
225-771-5340 © Fax: 225-771-2121
Esimmons@sulc.edu

New Orleans Campus:

Dr. Donna Grant
Vice Chancellor for Student Affairs &
Enrollment Services
6801 Press Drive – Building 2C
New Orleans, LA 70126
504-286-5040 © Fax: 504-286-5390
dgrant@suno.edu

Shreveport Campus:

Dr. Sharon F. Green
Vice Chancellor for Student Affairs
Room A40 – Leonard C. Barnes Administration Building
Shreveport, LA 71107
318-670-6337 • Fax 318-670-6301
sfgreen@susla.edu

Southern University System Coordinator:

Kevin Appleton, CPA
J.S. Clark Administration Building – 4th Floor
Baton Rouge, LA 70813
225-771-5550 • Fax 225-771-2807
kevin_appleton@sus.edu

Administered by:



P.O. Box 727
Short Hills, NJ 07078-0727
1-866-267-0092 (Claims/Coverage)
1-800-526-1379 (Other Questions)

Servicing Agent:

Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689
Phone: 1-800-922-3420 Fax: 727-939-8323
www.Collegiaterisk.com

Underwritten by:

MONUMENTAL LIFE INSURANCE COMPANY
Cedar Rapids, Iowa
a Transamerica Company

Preferred Provider Network:



IMPORTANT NOTICE

KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included on this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits.

Policy No. CLA5061
Policy Form: SH5000GPM.LA

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