

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

Designed for the students of:



514 University Avenue
Selinsgrove, PA 17870-1025

2006—2007

Policy number
US7040-06E0163

Please keep this outline of coverage for future reference.



Susquehanna University is vitally concerned with the promotion of good health among its students as well as adequate insurance coverage when an accident or sickness occurs. The University is also concerned with today's high costs of medical care and that at times funds budgeted for education can be exhausted in meeting unexpected medical expenses. Your modest health fee helps fund the following:

- One physician, one physician's assistant, and two registered nurses who maintain regular hours at our health center where they treat minor disabilities and offer other diagnostic and clinical advices.
- An insurance plan that provides benefits in excess of other existing policies, as outlined in the Description of Benefits. In cases, where students do not have other coverage, this plan would be primary.

COVERAGE

This brochure is a brief description of the benefits provided through Susquehanna University for full time students for the 2006-2007 academic year. The policy term is for the 2006-2007 academic year and will cover students from the first to the last date a student is required to be on campus. Coverage will continue in force during the summer, provided the student remains registered for full-time for each subsequent academic session.

Students with a large deductible on their primary insurance plan or an HMO or PPO plan that excludes all out-of-network services will benefit from the coverage provided by this plan.

EXCESS COVERAGE PROVISION

Your benefits are payable for **covered expenses** not otherwise covered and payable by any other plan providing medical expense benefits. If there are no other valid and collectible benefits available from any other source, this plan will pay the **covered expenses** up to the limits of the policy. This provision will not apply to the first \$100 of each loss.

SUBROGATION

When benefits are paid to or for a **covered person** under the terms of this policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or is found legally liable by a Court of competent jurisdiction for the **sickness** or **injury** that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The **covered person** agrees to sign papers and do whatever else is necessary to transfer their rights to us. We will exercise such rights on their behalf. The **covered person** further agrees to furnish us with all relevant information and documents.

DEFINITIONS

Accident means a specific unforeseen event which happens while the **covered person** is covered under this policy and which directly, and from no other cause, results in **injury**.

Covered Expense means charges:

- Not in excess of the **usual, reasonable and customary** charge;
- Not in excess of the maximum benefit amount payable per service as shown in the Description of Benefits;
- Made for medical services and supplies not excluded under the policy;
- Made for services and supplies which are **medically necessary**; and
- Made for medical services specifically included in the Description of Benefits.

Covered Person means an eligible student.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license.

Doctor does not include:

- You;
- Your spouse, dependent, parent, brother, or sister; or
- A person who ordinarily resides with you.

Hospital means an institution;

- Operated pursuant to law;
- Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- Under the supervision of a staff of **doctors**;
- Providing 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
- With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises; or available on a prearranged basis; and
- Charging for its services.

Hospital does *not* include a clinic or facility for:

- Convalescent, custodial, educational or nursing care;
- The aged, drug addicts or alcoholics (except as stated below); or
- Rehabilitation.

For treatment of chemical dependency the definition of **hospital** includes a treatment center which provides a program for treatment of chemical dependency according to a written treatment plan approved and monitored by a **doctor**. Such facility must be: 1) affiliated with a **hospital** under a contract agreement with an established system of outpatient referrals; or 2) accredited as such by the Joint Commission on Accreditation of Hospitals; or 3) licensed as a chemical dependency treatment program; or 4) licensed, certified or approved as an chemical dependency treatment program or center by any state agency having legal authority to so license, certify or approve.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an **accident**. All **injuries** to the same person sustained in one **accident**, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.

Medically Necessary means those services or supplies provided or prescribed by a **hospital** or **doctor**:

- Essential for the symptoms and diagnosis or treatment of the **sickness** or **injury**;
- Provided for the diagnosis, or the direct care and treatment of the **sickness** or **injury**;
- In accordance with the standards of good medical practice;
- Not primarily for your convenience or that of your **doctor**; and
- That are the most appropriate supply or level of service that can safely be provided.

Natural Teeth means **natural teeth** or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

Physiotherapy means any form of the following:

physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a **doctor**.

Sickness means illness or disease of the **covered person**. **Sickness** includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.

Usual, reasonable and customary (URC) means:

- Charges and fees for medical services or supplies that are the lesser of: The usual charge by the provider for the service or supply given; or the average charged for the service or supply in the area where service or supply is received; and
- Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

EXTENSION OF BENEFITS

The coverage under this policy ceases on the expiration date for **covered persons** who are not eligible to continue coverage under the new or renewal policy issued to the Institution. If, however, on the expiration date, the **covered person** is confined to a **hospital** for a condition covered by this policy, benefits will be extended for the condition for up to 30 days after the expiration date as long as the **covered person** remains **hospital** confined.

TO BE ELIGIBLE FOR REIMBURSEMENT A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS.

DESCRIPTION OF BENEFITS

HOSPITAL & SURGICAL PROVISIONS:

1. **Hospital** room and board are included up to the semi-private room rate;
2. When more than one surgical procedure is performed at the same time, through the same incision, the highest payment will be for the surgery which costs the most. We will pay a maximum of 50% for a second surgical procedure and 25% for the third surgical procedure;
3. Services of an assistant surgeon are included, up to 25% of the amount payable for the surgery;
4. Services of an anesthetist who is not employed or retained by the **hospital** are included, up to 25% of the amount payable for the surgery;
5. If the Insured student is admitted into the **hospital** on a Friday or Saturday on a non-emergency basis and the procedure for which the student is admitted is not performed on the date of or the date after the admission, We will not pay the **hospital** room & board or miscellaneous Expenses for the initial Friday or Saturday preceding the procedure.

Expenses incurred on an outpatient basis for **physiotherapy** due to an **accident** or **sickness** is limited to \$300 unless specifically ordered by an orthopedic doctor. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultrasonic therapy, heat treatment in any form, manipulation or massage.

BASIC ACCIDENT BENEFIT: \$2,500

This benefit is provided by the University to all eligible students for the 9-month academic year. Coverage for intercollegiate athletic **injuries** is provided under a separate plan.

When your **injury** requires (a) treatment by a **doctor**; (b) **hospital** services; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an ambulatory surgical center or ambulatory medical center; (h) if ordered by a **doctor**, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) home health care, we will pay the **covered expense** incurred within (104) weeks after the date of the **accident** up to a maximum of \$2,500 within the U&C. This benefit includes coverage for treatment of **injury** to **natural teeth**.

Initial medical treatment must be incurred within 90 days from the date of the **accident**.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Accidental Death and Dismemberment insurance covers you for a loss as shown below. The loss must result from an **accident**, directly and independently of all other causes. The **accident** must take place while you are a **covered person** under this policy. Also, the loss must take place within fifty-two (52) weeks after the **accident**. The following table shows the amounts we will pay:

For loss of life	\$1,000
Both hands or both feet or sight of both eyes	\$1,000
One hand and one foot	\$1,000
One hand and sight of one eye	\$1,000
One hand or one foot or sight of one eye	\$500

SICKNESS INPATIENT BENEFIT: \$10,000

When your **sickness** requires **hospital** confinement (18 consecutive hours or more), we will consider the **covered expenses** incurred by you to the aggregate limit of \$10,000. Expenses are covered provided you are a **covered person** during the time the **covered expense** is incurred.

- The covered percentage is 100% of **URC** for the first \$500, then 80% thereafter up to the maximum;
- **Hospital** miscellaneous charges are included;
- Surgery charges are included based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile;
- In **hospital doctor** charges are included.

SICKNESS OUTPATIENT BENEFIT: \$500

A REFERRAL from the Student Health Services must be secured for outpatient treatment. This provision is waived in case of a medical emergency or when Student Health Services is not accessible. The maximum limit for all combined Sickness Outpatient Expenses shown below may not exceed \$500 per **sickness**.

If, while not confined to a hospital, your sickness requires emergency room services, ambulance service, diagnostic x-ray or laboratory services, the services of a **doctor**, and therapeutic services or supplies, we will consider the expense up to the combined maximum limit of \$500 per **sickness**.

Outpatient Mental Illness and Chemical & Substance Abuse If, while not confined to a **hospital**, your **sickness** requires the services of a licensed psychiatrist, **doctor**, or psychologist, prescriptions or lab expenses, we will pay the **covered expense** the same as any other **sickness**.

MAMMOGRAPHY & PAP SMEAR EXPENSE: \$200

We shall pay for expenses for mammography screening, pelvic examination and pap smear examinations annually for women ages 18-64, up to a limit of \$200 per sickness.

The maximum limit for all combined sickness Outpatient Expenses shown above may not exceed \$500 per sickness.

ALL BENEFITS COMBINED MAY NOT EXCEED THE AGGREGATE LIMIT OF \$2,500 PER ACCIDENT OR \$10,000 PER SICKNESS.

Any expense not specifically listed in the preceding sections is not covered.

ADDITIONAL BENEFITS:

BENEFITS FOR ALCOHOL/DRUG ABUSE AND DEPENDENCY TREATMENT

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

Inpatient detoxification will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than [four] [(4)] admissions per lifetime. Benefits are limited to [seven] [(7)] days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

Non-Hospital residential care will be provided for [thirty] [(30)] days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Doctor. Benefits are subject to lifetime maximum of [ninety] [(90)] days per person. The following services are covered under residential care:

1. Lodging and dietary service.
2. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
3. Rehabilitation therapy and counseling.
4. Family counseling and intervention.
5. Psychiatric, psychological and medical laboratory tests.
6. Drugs, medicines, equipment use and supplies.

Outpatient care shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Covered Person may qualify to receive benefits under this section, a licensed Doctor or licensed psychologist must certify the Covered Person as a person suffering from alcohol or other drug abuse or dependency and refer the Covered Person for the appropriate treatment. The following services shall be provided:

1. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.

3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of [thirty] [(30)] outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of [thirty] [30] outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to [fifteen] [15] non-hospital, residential alcohol treatment days.

Benefits are limited to [one hundred and twenty] [(120)] outpatient, full session visits or equivalent partial visits.

Definitions:

“Alcohol or Drug Abuse” means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

“Detoxification” means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Doctor, while keeping the physiological risk to the patient at a minimum.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MANAGEMENT AND TREATMENT OF DIABETES

Benefits will be paid the same as any other Sickness for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using if prescribed by a Doctor legally authorized to prescribe such items under law.

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Doctor with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Doctor shall include:

1. visits medically necessary upon the diagnosis of diabetes;
2. visits under circumstances whereby a Doctor identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-

management; and

3. where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR POST PARTUM HOME HEALTH CARE

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Doctor whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment, coinsurance will not be applied to this benefit. Benefits shall be subject to all other limitations or any other provisions of the policy.

BENEFITS FOR WOMEN'S PREVENTIVE HEALTH SERVICES

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MAMMOGRAPHIC EXAMINATION

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Covered Person 40 years of age or older; and 2) any mammogram based on a Doctor's recommendation for an Covered Person under 40 years of age.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MASTECTOMY

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Doctor determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Doctor determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Doctor and the Covered Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Doctor. Prosthetic devices means the use of initial and subsequent

artificial devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Doctor. Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for the Named Covered Person who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MEDICAL FOODS Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary genetic metabolic disorders, and administered under the direction of a Doctor. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Doctor.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy. The policy Deductible will not be applied to this benefit.

EXCLUSIONS

This policy does not cover loss nor provide benefits for:

- Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
- Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of **sickness** or **injury**, except as specifically provided in the policy;
- Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
- Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy;
- Dental treatment, except as specifically provided for in the Description of Benefits;
- War or any act of war, declared or undeclared, or while in the armed forces of any country;
- Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
- **Injury** of any **covered person** sustained while: participating in intercollegiate sports contest

or competition, unless specifically listed in the schedule; traveling to or from such sport, contest or competition as a participant; or during participation in any practice or conditioning program for intercollegiate sports;

- Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline;
- Treatment in a military or Veterans **Hospital** or a **hospital** contracted for or operated by a national government or its agency unless; The services are rendered on an medical emergency basis and a legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance;
- Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
- Expense for knee orthopedic devices unless prescribed for use during post-surgical physical therapy;
- For international students, expenses incurred within your home country or country of regular domicile;
- The part of medical expense payable by any automobile insurance policy without regard to fault;
- Any **accident** where the **covered person** is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Preventative medicines, serums, vaccines;
- Intentionally self-inflicted **injury**, suicide or any attempt thereat;
- **Injury** caused by, contributed to or resulting from the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's **doctor**;
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.

LIMITATIONS

Benefits payable under this plan will be reduced by 50% under the following circumstances:

For surgical benefits: if the **covered person** has coverage under an HMO, PPO or similar arrangement; and the **covered person** does not use the facilities of the HMO, PPO or similar arrangement for provision of benefits.

For outpatient benefits: if the **covered person** does not attempt to obtain an out-of-network authorization or a referral from their managed care provider to get treatment.

The 50% reduction in benefits will not apply to emergency treatment required within 24 hours after an **accident or emergency medical condition** which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

TO BE ELIGIBLE FOR REIMBURSEMENT A CLAIM FORM MUST BE SUBMITTED WITHIN 180 DAYS FROM THE DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS.

CLAIM PROCEDURES

In the event of an **accident** or **sickness**, you should:

- 1) Report your **accident** or **sickness** to the Student Health Services. A REFERRAL must be secured from the Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) When the Student Health Services is closed or between semester breaks or during the summer.
- 2) File all charges with your primary insurance carrier first. If you are insured by an HMO/PPO, you must obtain pre-authorization for all services rendered or benefits will be reduced by 50%.
- 3) If the other insurance does not pay the entire bill, secure a claim form and instructions from the Student Health Services, fill in the necessary information, attach all itemized medical and **hospital** bills along with the explanation of benefits from your primary carrier (if you have other insurance) and mail them to the address on the claim form or below:

Summit America Insurance Services, LC
7400 College Blvd, Suite 120
Overland Park, KS 66210
Phone: 800-926-3441
Fax: 913-327-7520
E-mail: EIIA@summitamerica-ins.com



- 4) Identify all subsequent information relating to your claim with your name; the institution name; the policy number; and the initial date of **injury** or **sickness**.

FAIRMONT SPECIALTY PRIVACY PRACTICES

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not use or disclose your information for any fundraising, marketing or research activities.

We use and disclose your information to determine your eligibility for plan benefits, to facilitate payment for treatment and services provided to you, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claim inquiry. We may also disclose your information to law or government agencies when required by law.

Under the privacy laws, you have unlimited access to your information. You may limit how we use and disclose your information and get a listing of instances where it was disclosed. You may request that we correct inaccurate information or add missing information.

If you have any questions about your rights, our Privacy Practices or you want to file a complaint, please contact our Privacy Officer at: 1 (800) 926-3441.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file with the Institution.

Administered by:



Underwritten by:
United States Fire Insurance Company,
By Fairmont Specialty, a Division of Crum & Forster

