

## Increased Supplemental Major Medical Plan

If you would like to extend your coverage beyond the aggregate limit that is provided through the Student Accident & Sickness Plan, you may enroll in the Increased Supplemental (Buy-up) Plan. The Increased Supplemental Major Medical Plan provides benefits only after the Student Accident & Sickness Plan Aggregate Limit has been exhausted. Coverage is then provided for covered expenses at 80% of the Usual, Reasonable & Customary (U&C) charge to the limit purchased below. Below are some important things you should know about the Increased Supplemental Major Medical Plan.

- Payment must be received by October 15, 2006. No payments will be accepted after October 15, 2006.
- Coverage becomes effective the date the payment is received.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Increased Supplemental Major Medical Plan does not extend the Outpatient Benefit Limits under the Student Accident & Sickness Plan.
- The Increased Supplemental Major Medical Plan has a deductible that is only satisfied by the Student Accident & Sickness Plan Aggregate Limit.
- The Increased Supplemental Major Medical Plan provides benefits at 80% of U&C for eligible expenses.
- All exclusions and limitations provided under the Student Accident & Sickness Plan are duplicated in the Increased Supplemental Major Medical Plan.
- Enrollment information can be found on your institution's student insurance website.

<b>INCREASED SUPPLEMENTAL MAJOR MEDICAL PLAN</b>				
	<b>\$25,000 Aggregate Maximum</b>		<b>\$50,000 Aggregate Maximum</b>	
	Annual Premium		Annual Premium	
Student Accident & Sickness Plan Limit	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
<b>\$10,000 Aggregate</b>	<b>\$497</b>	<b>\$694</b>	<b>\$538</b>	<b>\$735</b>
<i>Premium must be received no later than October 15, 2006</i>				

To enroll, you must download and complete the enrollment form available on your institution's student insurance website and submit it along with your payment to Summit America Insurance Services before October 15, 2006.

# INCREASED SUPPLEMENTAL PLAN ENROLLMENT FORM

INSTITUTION NAME: \_\_\_\_\_

STUDENT NAME (Please Print): \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MONTH/DAY/YEAR)

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Daytime Phone Number: \_( \_\_\_\_\_ ) \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**IMPORTANT:** This completed form and payment must be received by Summit America Insurance Services prior to October 15, 2006. No payments will be accepted after October 15, 2006.

**Payable to:**                 **Fairmont Specialty Group**  
*Cashier Checks or Money Orders only*

**Mail to:**                     **Summit America Insurance Services**  
**7400 College Blvd. Suite 120**  
**Overland Park, KS 66210**

<b>INCREASED SUPPLEMENTAL MAJOR MEDICAL PLAN</b>					
Student Accident & Sickness Plan Limit	<b>\$25,000 Aggregate Maximum</b>		<b>\$50,000 Aggregate Maximum</b>		
	Annual Premium		Annual Premium		
	Check appropriate box		Check appropriate box		
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.	
\$10,000	\$497	\$694	\$538	\$735	
<i>Premium must be received no later than October 15, 2006</i>					

I hereby certify that as a full-time student applicant as named above, the information contained on this enrollment form is true. I understand that the effective and termination dates on my coverage under the Increased Supplemental Major Medical Plan are the same as under my Student Accident & Sickness base Plan.

I also understand that injuries resulting from the participation in intercollegiate sports are excluded from this plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_