

2009-2010 STUDENT ACCIDENT & SICKNESS INSURANCE PLAN



Designed for the students of:



High Point University

Policy number
US035695-09B1064

Please keep this summary of coverage for future reference.

Plan Administered by:



educational & institutional insurance administrators, inc.



COVERAGE

This brochure is a brief description of the benefits provided through **High Point University** for full time undergraduate day students for the 2009-2010 academic year.

PARTICIPATION

Participation in the **University Student Accident & Sickness Plan** is required unless you complete the online waiver, identifying comparable coverage by September 18, 2009. **The waiver deadline date is strictly enforced.**

Students with a large **deductible or co-payments** on their primary insurance plan or an HMO or PPO plan that excludes all out-of-network services should seriously consider purchasing the **University Student Accident & Sickness Plan** to supplement their coverage. This plan may reimburse co-payments or deductible that you are required to pay under your primary insurance plan. Your participation in this plan will provide additional coverage that can help fill the gaps of your current health insurance policy.

ELIGIBILITY

Every full-time undergraduate day student is automatically enrolled in the **University Student Accident & Sickness Plan** covering **sickness** as well as **accidents** for a full 12 months. The policy term will cover enrolled students who purchase this coverage from August 9, 2009 through August 8, 2010. The **University Student Accident & Sickness Plan** is provided at an annual cost of \$300 per student which includes a fee for administration of the plan.

NOTE: This is not a major medical health plan, the benefits are very limited.

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.

REFUND PROVISION

In the event a **covered person** leaves school to enter active military service, coverage will cease and a pro-rata refund of premium will be made upon written request.

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 Major Medical (Buy-up) Plan. The 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 **URC** charge to the limit purchased below.

MAJOR MEDICAL PLAN		
	\$25,000 Aggregate Maximum	\$50,000 Aggregate Maximum
	Annual Premium	Annual Premium
24 yrs & under	\$348	\$376
Over 24 yrs	\$555	\$588
Premium must be received no later than October 15, 2009		

Below are some important things you should know about the Major Medical Plan:

- Payment must be received by October 15, 2009. No payments will be accepted after October 15, 2009.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your **Student Accident & Sickness Plan**.
- Only Cashier's Checks or Money Orders will be accepted. No personal checks please.
- The Major Medical Plan has a deductible that is only satisfied by the **Student Accident & Sickness Plan** aggregate limit.
- The Major Medical Plan provides benefits at 80% of **URC** for eligible expenses.
- All exclusions and limitations provided under the **Student Accident & Sickness Plan** are duplicated in the Major Medical Plan.

- Enrollment information can be found on your institution's student insurance website or at the end of this document.

To enroll you must download and complete the enrollment form available at www.eiaa.org/hpu. Submit the application along with your payment to EIA Student Programs before **October 15, 2009**.

DEFINITIONS

Accident means an event which directly, and from no other cause causes **injury** to one or more **covered persons** and occurs while coverage is in effect.

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 schedule;
- 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 schedule.

Covered Person means an eligible student.

Deductible means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy.

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 pre-arranged 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.

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**.

Medical Emergency means the occurrence of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect in the absence of immediate medical attention to result in:

- a. Placing one's health (for a pregnant woman this includes the health of the newborn) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any body organ or part.

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 of 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 charges 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 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 OF 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 a **doctor**. **Physiotherapy** includes any form of physical or mechanical therapy, diathermy, ultrasonic therapy, heat-treatment in any form, manipulation or massage.

This coverage applies only to eligible students who have paid for this coverage and did not waiver the coverage.

ACCIDENT BENEFIT: \$10,000

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 (52) weeks after the date of the **accident** up to a maximum of \$10,000 within the **URC**. This benefit includes coverage for treatment of **injury** to **natural teeth**.

- There is a \$25 deductible per accident;
- The covered percentage is 100% for the first \$5,000; then 80% thereafter up to the maximum of \$10,000 per accident;
- Initial Medical treatment must be incurred within 90 days from the date of the accident.

Coverage for intercollegiate athletic injuries is provided under a separate plan.

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

ACCIDENTAL DEATH & 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 \$5,000, then 80% thereafter to the maximum;
- Hospital miscellaneous charges are included;
- Surgery charges are included based on the Medical Data Research (MDR) survey of surgical fees valued at the 90th percentile;
- In hospital doctor charges are included.

SICKNESS OUTPATIENT BENEFITS:

OUTPATIENT SURGICAL BENEFIT: \$1,500

A **REFERRAL** from Student Health Services must be secured for outpatient surgery. If, while not confined to a hospital, your sickness requires surgery, we will consider the covered expenses subject to the Hospital & Surgical Provisions to the \$1,500 maximum limit.

Treatment for bony impacted wisdom teeth or dental abscesses is limited to a maximum of \$100 per tooth, \$400 total.

OUTPATIENT HOSPITAL BENEFIT: \$300

A **REFERRAL** from Student Health Services must be secured for outpatient hospital treatment. This provision is waived in case of a **medical emergency** or when Student Health Services is not accessible. Please refer to the definition of **medical emergency** in the Definitions section of this plan summary.

If, while not confined to a **hospital**, your **sickness** requires the use of the outpatient facilities of a **hospital** for emergency room services, diagnostic x-ray or laboratory services, therapeutic services or supplies we will consider the covered expense up to the combined maximum limit of \$300 per **sickness**.

DIAGNOSTIC X-RAY & LAB BENEFIT: \$200

A **REFERRAL** from 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.

If, while not confined to a **hospital**, your **sickness** requires diagnostic x-ray, including ultrasound, Magnetic Resonance Imaging (MRI) and Computerized Axial Tomography (CAT Scan) or laboratory services, under the direction of a **doctor**, we will consider the **covered expense** up to the combined maximum limit of \$200 per **sickness**.

DOCTOR OFFICE VISITS BENEFIT:

\$60 per visit; \$300 maximum benefit limit

A **REFERRAL** from 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 benefit is \$60 per doctor office visit;
- Benefits are paid at 100% of the **URC** up to the combined maximum limit of \$300 per **sickness**;
- There is no deductible or co-payment.

PRESCRIPTION REIMBURSEMENT BENEFIT: \$100

When your **sickness** requires prescribed medicines, this plan will pay up to the combined maximum limit of \$100 per **sickness**.

Please note: Oral contraceptives are covered at 50%.

AMBULANCE EXPENSE BENEFIT: \$300

When your **sickness** requires ambulance services, this plan will pay up to the combined maximum limit of \$300 per **sickness**.

Mental Illness and Chemical & Substance Abuse will be considered as any other sickness.

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

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

ADDITIONAL BENEFITS

- **Colorectal cancer examinations and laboratory tests** in accordance with recently published American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory on Cancer Coordination and Control for colorectal cancer screening, for any asymptomatic **covered person**.
- **Newborn hearing screening** when ordered by the attending **doctor**
- **Clinical Trials** - Participation in phase II, phase III and phase IV covered clinical trials by a covered person who meets protocol requirements of the trials and provide informed consent. To the extent that they are not funded by national agencies, commercial manufacturers, distributors or other research sponsors of participants in clinical trials, covered expenses include those medically necessary services and supplies associated with participation in a covered clinical trial, including those related to health care services typically provided absent a

clinical trial, the diagnosis and treatment of complications and medically necessary monitoring, that are:

- (a) Provided for the diagnosis, treatment, cure or relief of an **injury, sickness**, health condition or disease.
 - (b) Not for experimental, investigational or cosmetic purposes.
 - (c) Necessary for and appropriate to the diagnosis, treatment, cure or relief of an **injury, sickness**, health condition, disease or its symptoms.
 - (d) Within generally accepted standards of medical care in the community.
 - (e) Not solely for the convenience of the **covered person**, his family or the provider.
- **Mammography screening and pap smears** for female **covered persons** as follows:
One or more mammograms a year when recommended by a **doctor**, for any women who are at risk for breast cancer. A women at risk: i) has a personal history of breast cancer; ii) has a personal history of biopsy-proven benign breast disease; iii) has a mother, sister or daughter who has or had breast cancer; or iv) has not given birth prior to age 30.
 - **Prostate-specific antigen (PSA) tests** or equivalent tests for the presence of prostate cancer when recommended by a **doctor** for male **covered persons**.
 - **To the extent prescription drugs are covered, we will cover any drug that has been prescribed for treatment of a type of cancer** for which the drug has not been approved by the United States Food and Drug Administration (FDA). However such drug must be approved by the FDA and must have been proven effective and accepted for the treatment of the specific type of cancer for which the drug has been prescribed in any one of the following established reference compendia.
 - **Treatment of temporomandibular joint (TMJ) dysfunction.** This includes splinting and use of intraoral prosthetic appliances to reposition the bones. It does not include orthodontic braces, crowns, bridges, dentures, treatment for periodontal disease, dental root form implants or root canals. Benefits for therapeutic procedures and nonsurgical treatment of TMJ are subject to the lifetime maximum shown for this benefit in the Schedule for each **covered person**.
 - **Medically appropriate and necessary services used to treat diabetes.** This includes diabetes outpatient self-management training and educational services and equipment, supplies, medications and laboratory procedures. Diabetes outpatient self-management training and educational services will be covered when provided by a **doctor** or a health care professional

designated by the **doctor**. We will determine who shall provide and be reimbursed for the diabetes self-management training and educational services.

- **Reconstructive breast surgery** resulting from a mastectomy. This includes all four stages and revisions of reconstructive breast surgery performed on a nondiseased breast to establish symmetry when reconstructive surgery on a diseased breast is performed. Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction, subject to approval of the treating **doctor**.
- **To the extent prescription drugs are covered, prescription contraceptive drugs or devices**, including insertion or removal of and any **medically necessary** examination associated with the use of the prescribed contraceptive drug or device. The same **deductible** and **coinsurance** will apply to prescription contraceptive drugs and devices. However for those drugs or devices that are inserted or prescribed and do not have to be refilled on a periodic basis, the total **coinsurance** will be based on the useful life of the drug or device. This **coinsurance** must be paid in advance.
- **Scientifically proven and approved bone mass measurement** for a qualified insured for the diagnosis and evaluation of osteoporosis or low bone mass. Bone mass measurement will be covered when at least 23 months have elapsed since the **covered person's** last bone mass measurement was performed, except any follow up measurements deemed to be **medically necessary** by the **covered person's doctor**.
- Anesthesia and **hospital** or facility charges for services performed in a **hospital** of ambulatory surgical center in connection with dental procedures for and Hospital charges for:
 - a. Covered **dependent** children under age nine;
 - b. **Covered Persons** with serious mental or physical conditions; and
 - c. Covered Persons with significant behavioral
- **Mental Illness** updated benefit amounts: 30 combined inpatient/outpatient days per year, 30 office visits.

EXCLUSIONS

This policy does not cover loss nor provide benefits for:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution;
2. 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;

3. 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;
4. 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;
5. Dental treatment, except as specifically provided for in the schedule;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country.
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
8. 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.
9. 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 a 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;
10. Elective surgery and elective treatment, except as required to correct an **injury** for which benefits are otherwise payable under the policy;
11. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
12. Congenital conditions;
13. The part of medical expense payable by any automobile insurance policy without regard to fault;
14. 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;
15. Preventative medicines, serums, vaccines;
16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
17. Skeletal irregularities of one or both jaws; including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
18. Immunization services and supplies related to immunizations, except as specifically provided in the policy; preventative medicines or vaccines, except where required for treatment of a covered **injury** or **sickness**;
19. Expenses for a deviated septum, nasal or sinus surgery unless as the result of an accident;
20. For international students, expenses incurred within your home country or country of regular domicile;
21. Expense for knee orthotic devices unless prescribed for use during post-surgical physical therapy;
22. Services, supplies and/or treatment for acne; acupuncture; hypnotherapy; allergy, including allergy testing;
23. Travel in or upon: a snowmobile, any two-or-three wheeled motor vehicle, or any off-road-motorized vehicle not requiring licensing as a motor vehicle;
24. **Injury** of any **covered person** sustained while: participating in any school, professional or organized 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;
25. Addiction and Codependency- services and supplies related to: (a) nicotine addiction, smoking cessation products or services, caffeine addiction and non-chemical addictions such as gambling, sexual, spending, shopping, working and religious; and (b) treatment for codependency;
26. Replacement or removal of hair growth, alopecia;
27. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproduction ability; premarital examinations; impotence, organic or otherwise; sterilization operations, tubal ligation, vasectomy; sexual reassignment surgery;
28. Services and Supplies for conditions related to learning disabilities;
29. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
30. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.
32. Intentionally self-inflicted injury, suicide or any attempt thereat;
33. 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 of for the purpose prescribed by the person's **doctor**.

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

SCHOLASTIC EMERGENCY SERVICES GLOBAL EMERGENCY ASSISTANCE SERVICES

Enrollment in the **Student Accident & Sickness Plan** provides you with a unique array of global emergency assistance when faced with a medical emergency while traveling. Any time you are at least **100 miles from your permanent address**, campus address or in another country, the Scholastic Emergency Services program ensures that you have access to appropriate medical care.

Some of the many services offered include: medical consultations, prescription assistance, medical evacuation, medical repatriation, return of mortal remains, hospital admission guarantee, emergency trauma counseling, and pre-trip information. Should you experience a medical emergency while traveling, call Scholastic Emergency Services and speak with trained crisis management counselors and medical personnel 24 hours a day, 365 days a year.

Scholastic Emergency Services does not replace your medical insurance. All medical costs incurred should be submitted to your medical insurance plan and are subject to the policy limits of your health insurance. **All assistance services must be arranged and provided by Scholastic Emergency Services. Claims for reimbursement of assistance services will not be accepted.**

Once you are enrolled in the **Student Accident & Sickness** plan you may obtain an identification card and further information regarding the services provided by Scholastic Emergency Services from Health Services.

The Scholastic Emergency Services program is solely provided by Scholastic Emergency Services and is not affiliated with United States Fire Insurance Company. Scholastic Emergency Services is a registered service mark of Assist America Inc.



CLAIM PROCEDURES

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

- 1) Report your **accident** or **sickness** to Student Health Services. A **REFERRAL** must be secured from Student Health Services for outpatient treatment, **except:** a) In case of an emergency; b) When 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 secure 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 Student Health Services or on your institution's website, fill in the necessary information, attach all itemized medical 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 the claims administrator below:

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
Phone: 800-952-4320
Fax: 207-647-4569
E-mail: eia@nahga.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**.

Claim forms and instructions are also available on your institution's website. If you are unable to download or print this brochure please feel free to contact:

***NAHGA at 800-952-4320 or
EIA at 888-260-7415***

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.

Underwritten by:

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



This summary of coverage is intended only for quick reference and does not limit nor 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.