

2008-2009

ACADEMIC YEAR

ARKANSAS STUDENT HEALTH INSURANCE PLAN

PARTICIPATING UNIVERSITIES/COLLEGES



It is only through your status as a student at one of the above participating universities or colleges that this Health and Accident Insurance Plan is available.

Underwritten by:

National Union Fire Insurance Company of Pittsburgh, Pa.,
*a subsidiary of American International Group, Inc. (AIG),
with its principal place of business in New York, NY*

This is only a brief description of the coverage available under the policy series S30494NUFIC-AR. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and Policy, the Policy will govern in all cases.


MACORI, INC.
Online: www.macori.com

Dear Students and Parents:

We are delighted to join other institutions of higher education in Arkansas in making this Accident and Sickness plan available to our students.

THERE IS AN ENROLLMENT DEADLINE, therefore, we urge you to take the time to read and understand the benefits of this plan. It is only through the joint effort of all of the participating universities/colleges listed on the front of this booklet that we are able to offer this plan to our students at a reasonable rate.

The program described in this booklet has been designed to meet the needs of the students for a full twelve-month period. To participate: you may enroll online at <http://www.macori.com/States/AR/ASHIP/Aship.asp> or complete the enclosed enrollment form and mail it along with your payment (check, money order, or MasterCard/Visa) directly to the address listed on the enrollment form.

Best wishes for a good year and for success in your chosen field of study.

STUDENT'S MEDICAL EXPENSE INSURANCE PROGRAM

The following is a brief description of the benefits of the Student Health Insurance Plan for students of a participating university/college. This Plan is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. ("the Company"). Complete details of coverage are in the Master Policy issued to the University. It may be inspected during the business hours at the University office listed on your identification card.

ELIGIBILITY

All students taking 6 or more credit hours at a participating Arkansas University/College are eligible. (For Arkansas Tech Students - 2 or more credit courses). Home study, correspondence, internet and television (TV) courses do not fulfill the eligibility requirements.

A Covered Student may also enroll his or her eligible dependents in the Plan by completing the enrollment form and remitting the appropriate premium.

Eligible dependents are the student's spouse and unmarried dependent children 19 years of age and younger, residing with the insured student, over 19 years of age if dependent upon the Covered Student for support and maintenance and is incapable of self-sustaining employment by reason of mental or physical handicap.

The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the Company discovers that Policy eligibility requirements have not been met, the Company's only obligation is refund of premium.

Regarding Newborns – Newborn children (born under the Plan) are covered for Injury or Sickness from birth until 90 days old. Notification and Premium must be received within 90 days after the birth in order for the child to remain continuously insured.

TERM OF COVERAGE

This plan covers students and dependents at home, at school, or while traveling, 24 hours a day during the Term of Coverage for which premium has been paid.

Coverage becomes effective for a Covered Person at 12:01 a.m. on the Effective Date of the selected Term of Coverage as shown on the enrollment form, or the date premium is received, whichever is later.

The last date to enroll for a Term of Coverage is 31 days from the Effective Date of that Term of Coverage as shown on the enrollment form.

Please note that enrolling after the Effective Date of a Term of Coverage will cause a break in Continuous Insurance. (See "Continuously Insured" section).

It is the student's responsibility to confirm that their premium is paid/received and to make payments on the Due Dates whether or not a billing statement is received.

TERMINATION OF INSURANCE

Coverage terminates for the Covered Person at 11:59 p.m. on the earliest of: (a) The termination of the Policy; (b) The last day of the Term of Coverage for which premium is paid (as shown on the enrollment form); (c) The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined; (d) The date a Covered Person enters full-time active military service. Upon written request, we will refund any unearned pro-rata Premium with respect to such person.

Benefits are payable only for those Covered Medical Expenses incurred while the Policy is in effect as to the Covered Person. Expenses incurred after the insured's termination of insurance are not covered.

CONTINUOUSLY INSURED

Persons who have remained continuously insured under this plan and prior Student Health Insurance policies issued to the University will be covered for a Sickness or Injury originating while so continuously insured, provided continuous insurance is maintained; however, Optional Major Medical Plan coverage will not apply if purchased after initial enrollment. Previously insured persons who re-enroll for coverage on or before the specified Effective Date for the next Term of Coverage will have maintained continuous insurance. A person not so enrolled will have a break in continuous insurance, and any condition originating during or before the break will be considered a Pre-existing Condition. Certificates for other creditable coverage should be presented upon initial enrollment.

The purpose and intent of this provision shall apply separately to the Optional Major Medical Plan, if purchased.

CERTIFICATE OF CREDITABLE COVERAGE

Your coverage under this health plan is "creditable coverage" under Federal law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this health plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health plan terminates. If the subsequent health plan excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. A Certificate of Creditable Coverage may be requested on-line at www.macori.com or in writing from Macori Administration, P. O. Box 2508, Spring, Texas 77383-2508.

WITHDRAWALS AND REFUNDS

In the event a student withdraws from school during the first 31 days of the period for which coverage is purchased, except medical withdrawal due to a covered Injury or Sickness, there will be no coverage hereunder. Upon the Company's receipt of written notification of such withdrawal, a full refund of premium will be made.

A Covered Student who withdraws from school after the 31st day following the effective date of coverage hereunder shall be covered subject to the terms, conditions, limitations, and exclusions of the policy for the remainder of the period for which the premium has been paid and shall not be eligible for a refund of premium.

In the event a student withdraws from school due to entry into the armed forces, a pro rata refund of premiums will be made upon the Company's receipt of written notification of such withdrawal.

There will be no refunds except as stated above.

SCHEDULE OF BENEFITS (See Plans I, II, III)

Basic Plan plus Basic Supplemental = \$13,000 Maximum Benefit		
Optional Major Medical Plan (requires additional premium) = \$237,000 Maximum Benefit		
I. BASIC PLAN: When Injury or Sickness requires hospital, surgical or medical care, payment will be made as allocated below for those Covered Medical Expenses incurred while the policy is in force as to the Covered Person whose Injury or Sickness is the basis of the claim. The Maximum Benefit Amount under the Basic Plan is \$3,000 for each Injury or Sickness for Covered Medical Expenses in or out of the hospital. Covered Medical Expenses in excess of \$3,000 will be payable under the Basic Supplemental Plan (see panel 5).		
DEDUCTIBLE		\$35 per Injury or Sickness
COVERED MEDICAL EXPENSES INCLUDE:		
HOSPITAL ROOM AND BOARD		Average semi-private room rate, \$200/day
MISCELLANEOUS HOSPITAL EXPENSE while hospital confined or for day surgery for necessary services and supplies, such as:	1) X-ray examinations, including professional fees, 2) laboratory tests, including professional fees, 3) anesthesia supplies, 4) drugs or medicines, excluding take-home drugs, 5) surgical supplies, 6) operating room, 7) plaster casts, 8) therapeutic services, 9) pre-admission testing, and 10) temporary surgical appliances.	\$1,000 Maximum Benefit
SURGERY	(In or out of the hospital) Benefits are paid in accordance with the Medical Data Research Survey	Medical Data Research Survey 80th percentile
ANESTHETIST	In or out of the hospital	25% of Surgery allowance
DOCTOR VISITS INPATIENT Doctor's Fees	When hospital confined (per Sickness or Injury) Limited to one visit per day, for non-surgical doctor services.	First Visit - Not Covered Following Visits - \$35.00 per visit
OUTPATIENT Doctor's Fees	Limited to ten visits per condition. Doctor's fees are charges for non-surgical services by the Doctor. Charges for other services during an office visit see the "Outpatient Miscellaneous" benefit shown below.	First Visit: - Not Covered Following Visits: \$30.00 per visit. (No deductible) Not to exceed \$300 Maximum Benefit
OUTPATIENT MISCELLANEOUS	- Outpatient diagnostic X-rays - Emergency room - Surgical trays and supplies.	- Laboratory tests - Anesthesia supplies \$350 per Injury/\$250 per Sickness
ACUPUNCTURE		No Benefit
AMBULANCE	Local ground ambulance to and from the hospital	Reasonable & Customary charges
COSMETIC SURGERY	Cosmetic Surgery and complications arising therefrom (except as noted in exclusion #5)	No Benefit
DENTAL TREATMENT	Treatment of Injury to sound, natural teeth. Not to exceed \$100 per tooth.	Reasonable & Customary charges
MENTAL OR NERVOUS CONDITIONS BENEFIT:		Outpatient: Not Covered Inpatient: \$7,500 Maximum Benefit for all periods of coverage
MATERNITY		Paid as any other Sickness
COMPLICATIONS OF PREGNANCY	Including spontaneous and non-elective abortions. Voluntary or elective abortions are not covered.	Paid as any other Sickness
NEWBORN COVERAGE.	Including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care as mandated by Arkansas State Law. (See "Regarding Newborns" on page 2).	Paid as any other Injury or Sickness
PRESCRIPTION DRUGS	Outpatient (However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.)	Not Covered
MEDICAL EVACUATION		\$10,000
REPATRIATION		\$7,500
(All expenses for Medical Evacuation and Repatriation are subject to final approval by the Company or it's authorized representative (1-800-285-8133))		
ACCIDENTAL DEATH & DISMEMBERMENT (For Students Only)		
Not payable if loss caused by an occupational Injury or Sickness. This Lifetime Maximum Benefit pays the amount shown below for losses resulting from and occurring within one year of the date of Injury incurred while insured. If more than one such loss is sustained, payment will be made only for the largest loss.		
Loss of Life		\$3,000
Loss of both hands, both feet or sight of both eyes		\$3,000
Either hand or foot and sight of one eye		\$1,500

II. BASIC SUPPLEMENTAL PLAN

After \$3,000 of Covered Medical Expenses are incurred, (which may or may not be fully covered by the Basic Plan) this Basic Supplemental Plan will pay 80% of the Reasonable and Customary charges for subsequently incurred Covered Medical Expenses, not to exceed the Maximum Benefit of an additional \$10,000 payable for each Injury or Sickness (except Room and Board charges will remain limited to the average semi-private room rate or \$200, whichever is less). The combined Maximum Benefit for any one Injury or Sickness under the Basic Plan and Basic Supplemental Plan is \$13,000.

III. OPTIONAL MAJOR MEDICAL PLAN (Students only)

Please read the following information pertaining to the Optional Major Medical Plan because some benefits, exclusions and provisions vary from the Basic Plan.

Only students enrolled in the Basic Plan are eligible to purchase this Optional Major Medical Plan. Purchase must be made at the time of initial enrollment for the Basic Plan each Policy Year (**additional premium required**). The enrollment deadlines applicable to a Term of Coverage for the Basic Plan shall also apply to the Optional Major Medical Plan.

When this coverage is purchased, payment will be made for 80% of Reasonable and Customary Charges for Covered Medical Expenses incurred in excess of \$13,000 for any one Injury or Sickness; not to exceed a Maximum Benefit of \$250,000 payable in total under this Optional Major Medical Plan, the Basic Plan and the Basic Supplemental Plans combined.

COVERED MEDICAL EXPENSES under the Optional Major Medical Plan include: Necessary expenses for Doctors and surgeons, Hospital confinement, X-rays, laboratory tests, nurses, prescribed medicines (excluding take-home drugs), casts, surgical dressings and use of an ambulance not to exceed the Reasonable and Customary medical expenses incurred during the term insured.

Please note that the Continuously Insured provision (see page 3) applies separately to the Optional Major Medical Plan. Purchasing this option will not extend coverage to an Injury sustained or a Sickness originating before the Effective Date under the Optional Major Medical Plan. This Option will cover only an Injury sustained or a Sickness originating on or after such Effective Date. The Optional Major Medical Plan will terminate simultaneously with the Basic Plan.

COMBINED MAXIMUM PAYMENT FOR THE BASIC AND BASIC SUPPLEMENTAL PLANS, AND THE OPTIONAL MAJOR MEDICAL PLAN: For all Injuries or Sicknesses, the aggregate (combined) payment under the policy and prior Student Health Insurance policies issued to the University will never exceed the Maximum Benefit of \$250,000.

EXCLUSIONS - OPTIONAL MAJOR MEDICAL PLAN: The exclusions applicable to the Basic Plan shall also apply to the Optional Major Medical Plan. The following additional exclusions shall also apply to the Optional Major Medical Plan: Expenses incurred for Physiotherapy, Mental and Nervous Disorders, Repatriation, and Medical Evacuation.

MANDATED BENEFITS: Testing of Dependent newborn infants; Treatment of loss or impairment of speech or hearing; preventive health care services for Dependent children; equipment, supplies and services for treatment of diabetes; medical and low protein modified food product for treatment of phenylketonuria; dental anesthesia; and in vitro fertilization. **Please see the Policy on file with the Policyholder for complete details.**

DEFINITIONS

"Hospital" means a facility which meets all of these tests: (a) it provides room and board services and nursing services 24 hours a day; and (b) it has established facilities for diagnosis and major surgery; and (c) it is supervised by a Doctor; and (d) it is run as a Hospital under the laws of the jurisdiction in which it is located.

Hospital does not include a place run mainly: (a) as a convalescent home; or (b) as a nursing or rest home; (c) as a place for custodial or educational care; or as an institution mainly rendering treatment or services for: Mental or Nervous Disorders; or substance abuse. The term "Hospital" includes: (a) an ambulatory surgical center or ambulatory medical center; and (b) a birthing facility certified and licensed as such under the laws where located. It shall also include rehabilitative facilities if such is specifically for treatment of physical disability.

Injury: Bodily injury due to an accident which: (a) Results solely, directly and independently of disease, bodily infirmity or any other causes; (b) Occurs after the Covered Person's effective date of coverage; (c) Occurs while coverage is in force.

All injuries sustained in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

"Medical Necessity/Medically Necessary" means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States.

A service or supply will not be considered as Medically Necessary if: (a) it is provided only as a convenience to the Covered Person or provider; or (b) it is not the appropriate treatment for the Covered Person's diagnosis or symptoms; (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or (d) it is Experimental/Investigational or for research purposes; or (e) could have been omitted without adversely affecting the patient's condition or the quality of medical care; or (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or (g) involves a service, supply or drug not considered reasonable and necessary by the Center of Medicare and Medicaid Services Issues Manual; or (h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Pre-Existing Condition" means a Sickness or Injury for which medical care, treatment, diagnosis, or advice was received, or of which symptoms were first manifested within 6 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of coverage under the Policy.

"Sickness" means an Illness, disease, pregnancy, and complications of pregnancy which begin after the effective date of a Covered Person's coverage. All related conditions and recurrent symptoms of the same or similar condition will be considered the same Sickness.

"Reasonable and Customary" means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

REDUCTIONS AND LIMITATIONS

Excess Provision: Benefits available (applies to all plans) for Injuries are excess and secondary to any other health insurance coverage you may have in force. Benefits for a Sickness will be coordinated with other valid and collectible insurance. The purpose is to avoid payment of more than 100% of eligible expenses incurred when you are sick or injured.

Pre-existing: Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of coverage under the Policy. This limitation will not apply if: 1) The Covered Person has been covered under the Policy for more than 12 months; or 2) (a) The individual seeking coverage under the Policy has an aggregate of 18 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage (We will credit the time the individual was covered under prior Creditable Coverage); and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who

accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

The Certificate of Creditable Coverage from prior Carrier(s) should be submitted at initial enrollment in the Student Health Insurance Plan.

Right of Subrogation: If claims are incurred as a result of another person's negligence, the insurance company has the right to seek reimbursement in accordance with the Policy.

Non-Duplication of Coverage: If the benefits above are payable under more than one provision in the Policy, then benefits will be provided only under the provision providing the greater benefit.

EXCLUSIONS

The Policy does not cover loss or provide benefits for:

1. We won't pay benefits for Treatment, services or supplies which:
 - (a) are not medically necessary;
 - (b) are not prescribed by a doctor as necessary to treat a Sickness or Injury;
 - (c) are determined to be experimental/investigational in nature by the Company;
 - (d) are received without charge or legal obligation to pay;
 - (e) would not routinely be paid in the absence of insurance;
 - (f) are received from any Immediate Family Member;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion, or fighting;
4. Injury or Sickness arising out of or in the course of employment, or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
5. Cosmetic surgery other than reconstructive surgery needed to repair conditions resulting from an Injury which occurs after the Covered Person's effective date, provided treatment begins within three months from the date of Injury;
6. Loss due to voluntarily using any drug or chemical substance, unless as prescribed by and taken according to the directions of a Doctor (Accidental ingestion of a poisonous substance is not excluded);
7. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor;
8. Flight in an aircraft, except as a fee-paying passenger on a regularly scheduled flight of a commercial airline;
9. Surgery and/or treatment for acupuncture, biofeedback-type services, birth control, circumcision, deviated nasal septum, including submucous resection and/or other surgical correction thereof, except for purulent sinusitis, unless due to Injury occurring while coverage is in force, family planning; impotence (organic or otherwise), learning disabilities, Attention Deficit Disorder, preventative medicines or vaccines, except as specifically provided; sleep disorders, including testing thereof; vasectomy; tubal ligation, and immunizations, allergy tests and anti-toxins, except as specifically provided;
10. Routine physical examinations or check-ups and other preventative care, except as specifically provided;
11. Treatment of Mental or Nervous Disorders, except as specifically provided;
12. Treatment of alcoholism or Injury sustained as a result of alcoholism;
13. Expenses incurred as a result of dental treatment or dental X-rays, except as specifically stated;
14. Expenses for preventative medicines, serums, vaccines or vitamins, except as specifically provided;
15. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay;
16. Expense incurred in connection with contraceptive methods, devices or aids; elective sterilization or sterilization reversal, artificial insemination or in-vitro fertilization, except as specifically provided;
17. Injury resulting from ballooning, parasailing, bob-sledding, scuba diving, travel in or upon a snowmobile, all-terrain vehicle (ATV), or any two or three wheeled motor vehicle, and/or off-road four-wheeled motorized vehicles;
18. Elective abortions;
19. Flight in an ultra light aircraft, hang-gliding, parachuting, bungee-cord jumping, skydiving, or glider flying;
20. Maternity expenses for a Dependent child;
21. Claims arising out of practice or play in any professional, intercollegiate, interscholastic, high school or club sports activity, including travel to and from the activity and practice, unless specifically provided in the Policy;
22. Services or supplies that are normally provided without charge by the Policyholder or by any person employed or retained by the Policyholder or which are covered by the student health fee;
23. Suicide, attempted suicide or intentionally self-inflicted Injury;
24. Eyeglasses, contact lenses, hearing aids, orthopedic or orthodontic braces and appliances, examinations or prescriptions therefore;
25. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, bunions (except capsular and bone surgery), calluses, toenails, and the like;
26. Outpatient Prescription drugs.
27. Home health care.

CLAIM PROCEDURE

When a Covered Person incurs expenses covered by the Policy, secure a Company claim form from the Student Health Center (or on-line at <http://www.macori.com/States/AR/ASHIP/Aship.asp>), complete the requested information, attach all itemized hospital and medical bills and return to the claims office address shown below.

THE FOLLOWING SERVICES ARE AVAILABLE ONLINE at:
<http://www.macori.com/States/AR/ASHIP/Aship.asp>

- Benefit & Enrollment Information
- Online Enrollment
- ID Card
- Online Claim Form Submission
- Claim Form (PDF)
- Verify Premium/Check Claim Status
- Certificate of Creditable Coverage Request Form
- Claim Filing Procedure

QUESTIONS REGARDING COVERAGE OR CLAIM STATUS SHOULD BE DIRECTED TO:

AGENCY:

MACORI, INC.

CLAIMS OFFICE:

MACORI ADMINISTRATION
A DBA of Maksin Management Corp.

P.O. Box 2508
Spring, Texas 77383-2508
Houston Area: 281-651-8787
Students Call Toll-Free: 1-800-285-8133
Medical Providers Call Toll-Free: 1-877-266-7778


MACORI, INC.
Health Insurance for Students/Scholars

IF YOU NEED COVERAGE UPON TERMINATION OR GRADUATION

If you lose eligibility under this Student Health Insurance Plan due to termination or graduation, and you would like information regarding alternate insurance plans, visit www.macori.com or call Macori, Inc. at the number listed above.

Short Term Health Plans and Discount Dental Plans available at www.macori.com

Web address: www.macori.com

Email: macori@macori.com

LOCAL AGENT: CALVIN HAGAN Telephone: (501) 823-4637
6325 Ranch Drive
Little Rock, Arkansas 72223

We value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to www.macori.com.

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The Policy is non-renewable One – Year Term Insurance. Similar coverage may be purchased for the following academic year. It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy year.

ARKANSAS PARTICIPATING UNIVERSITIES/COLLEGES

STUDENT INSURANCE ENROLLMENT CARD

~PLEASE PRINT CLEARLY~

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., a subsidiary of American International Group, Inc.(AIG), with its principal place of business in New York, NY

Student's Name _____ E-mail Address _____

Address _____

City/State/Zip _____ Student ID# _____

Social Security # _____ DOB _____ Phone # _____

TERM OF COVERAGE	ANNUAL	FALL	SPRING/SUMMER	SUMMER
BASIC PLANS I. & II. \$13,000 MAXIMUM	8/20/08 to 8/19/09	8/20/08 to 1/13/09	1/14/09 to 8/19/09	(new insureds only) 5/27/09 to 8/19/09

STUDENT AGE 40 & UNDER

Student Only	<input type="checkbox"/> \$ 670	<input type="checkbox"/> \$ 335	<input type="checkbox"/> \$ 335	<input type="checkbox"/> \$ 168
Student & Spouse	<input type="checkbox"/> \$ 2,866	<input type="checkbox"/> \$ 1,433	<input type="checkbox"/> \$ 1,433	<input type="checkbox"/> \$ 717
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 3,972	<input type="checkbox"/> \$ 1,986	<input type="checkbox"/> \$ 1,986	<input type="checkbox"/> \$ 993
Student & Child(ren)	<input type="checkbox"/> \$ 1,776	<input type="checkbox"/> \$ 888	<input type="checkbox"/> \$ 888	<input type="checkbox"/> \$ 444

STUDENT AGE 41 & OVER

Student Only	<input type="checkbox"/> \$ 1,570	<input type="checkbox"/> \$ 785	<input type="checkbox"/> \$ 785	<input type="checkbox"/> \$ 393
Student & Spouse	<input type="checkbox"/> \$ 6,727	<input type="checkbox"/> \$ 3,364	<input type="checkbox"/> \$ 3,364	<input type="checkbox"/> \$ 1,682
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 9,323	<input type="checkbox"/> \$ 4,662	<input type="checkbox"/> \$ 4,662	<input type="checkbox"/> \$ 2,331
Student & Child(ren)	<input type="checkbox"/> \$ 4,167	<input type="checkbox"/> \$ 2,084	<input type="checkbox"/> \$ 2,084	<input type="checkbox"/> \$ 1,042

III. OPTIONAL MAJOR MEDICAL PLAN - \$237,000 MAXIMUM -Additional Premium required.

Available to Students Only: \$290.00 One time fee due at initial enrollment each Policy Year. Coverage expires at the same time as the Basic Plan.

"I acknowledge that I have carefully read and understand the brochure (including Eligibility, refund provisions, and Reductions and Limitations) and agree to the terms and conditions of the coverage and elect to enroll as indicated above. If it is later determined that I am not eligible, my premium will be refunded."

Premium is not prorated other than as listed above. Please check appropriate boxes. **No enrollment form will be accepted beyond 31 days from the effective date of each Term of Coverage.**

Signature of Student: _____ Date: _____

Check the University/College you attend below:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Arkansas State University
Administrator Policy #AMH9022849
Underwriter Reference #CAS9710196 | <input type="checkbox"/> Arkansas Tech University
Administrator Policy #AMH9026849
Underwriter Reference #CAS9710399 |
| <input type="checkbox"/> Harding University
Administrator Policy #AMH9026869
Underwriter Reference #CAS9710400 | <input type="checkbox"/> Ouachita Baptist University
Administrator Policy # AMH9026859
Underwriter Reference# CAS9710402 |
| <input type="checkbox"/> Henderson State University
Administrator Policy #AMH9022869
Underwriter Reference #CAS9710401 | <input type="checkbox"/> Southern Arkansas University
Administrator Policy # AMH9022859
Underwriter Reference # CAS9710403 |
| <input type="checkbox"/> University of Arkansas @ Little Rock
Administrator Policy #AMH9026839
Underwriter Reference #CAS9710405 | <input type="checkbox"/> University of Central Arkansas
Administrator Policy # AMH9026889
Underwriter Reference # CAS9710407 |

PAYMENT INSTRUCTIONS: You may enroll online at <http://www.macori.com/States/AR/ASHIP/Aship.asp> or complete this enrollment form and submit as follows:

Harding University:

Please note effective and expiration dates carefully and check appropriate boxes. List dependents (spouse and children) on the back of this form. You may charge this to your student account, or you may attach a check or money order made payable to "National Union Fire Insurance Company of Pittsburgh, Pa". **This form must be taken to the Office of Human Resources, Ezell Building #130 for validation.**

All Other Schools:

Please note effective and expiration dates carefully and check appropriate boxes. List dependents (spouse and children) on the back of this form. Make check or money order payable to "National Union Fire Insurance Company of Pittsburgh, Pa." in U.S. dollars or fill in the Charge Card Authorization form (on reverse side) to charge your premium to Visa or MasterCard. Your canceled check or credit card billing is your only receipt and notification of coverage. Mail this enrollment card along with premium payment to: Macori, P. O. Box 2508, Spring, Texas 77383-2508.

✂ Cut and retain

ARKANSAS STUDENT HEALTH PLAN

2008-2009 IDENTIFICATION CARD

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa., a subsidiary of American International Group, Inc.(AIG), with its principal place of business in New York, NY

If premium has been paid, the student whose name appears below has been insured under a Policy issued to:

- | | | |
|---------------------------------------------------------------|--------------------|-----------------|
| <input type="checkbox"/> Arkansas State University | Policy #AMH9022849 | Ref #CAS9710196 |
| <input type="checkbox"/> Arkansas Tech University | Policy #AMH9025849 | Ref #CAS9710399 |
| <input type="checkbox"/> Harding University | Policy #AMH9026869 | Ref #CAS9710400 |
| <input type="checkbox"/> Henderson State University | Policy #AMH9022869 | Ref #CAS9710401 |
| <input type="checkbox"/> Ouachita Baptist University | Policy #AMH9026859 | Ref #CAS9710402 |
| <input type="checkbox"/> Southern Arkansas University | Policy #AMH9022859 | Ref #CAS9710403 |
| <input type="checkbox"/> University of Arkansas @ Little Rock | Policy #AMH9026839 | Ref #CAS9710405 |
| <input type="checkbox"/> University of Central Arkansas | Policy #AMH9026889 | Ref #CAS9710407 |

Covered Student _____

ID# _____

NAMES OF DEPENDENTS FOR WHICH PREMIUM IS ENCLOSED:

I wish to enroll my dependents as follows:

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Date of Birth</u>
Spouse	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____

CHARGE CARD AUTHORIZATION FORM

Cardholder Name _____

Address: _____

City/State/Zip _____

Please charge this amount for student insurance: \$ _____

Visa # _____ Expiration Date _____

MasterCard # _____ Expiration Date _____

Signature of Cardholder _____ Date _____

✂ **Cut and retain**

2008/2009 ARKANSAS STUDENT HEALTH INSURANCE PLAN
Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa.,
a subsidiary of American International Group, Inc. (AIG), with its principal
place of business in New York, NY

**PLEASE KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES
FOR PRESENTATION TO THE HOSPITAL.**

**FILE CLAIMS ONLINE AT WWW.MACORICOM.COM OR
MAIL CLAIMS TO:**

**MACORI ADMINISTRATION
P.O. BOX 2508
SPRING, TX 77383-2508**

COVERAGE VERIFICATION: 1-800-285-8133