

**STUDENT  
ACCIDENT & SICKNESS  
INSURANCE PLAN**



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**UNIVERSITY *of* MARYLAND  
EASTERN SHORE**

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Designed for the Students of

**University of Maryland Eastern  
Shore  
Princess Anne, Maryland  
2011-2012**

*Please keep this Summary of coverage for future  
reference*

**POLICY # UEL2755S**

**FORM # UMESD11**



**For questions about this plan  
please use the following contact  
information:**

**Coverage, Eligibility and Premium:**

The Allen J Flood Companies Inc.  
2 Madison Ave.  
Larchmont, NY 10538  
1-800-734-9326  
[www.ajfusa.com](http://www.ajfusa.com)

**Serviced Locally by:**

NJ&C Insurance Services  
5479 Wooded Way  
Columbia, MD 21044  
410-740-0971

**Claim Status and all other Claim Inquiries:**

Klais & Company, Inc.  
1867 West Market Street  
Akron, OH 44313  
1-800-331-1096  
Website: [www.klais.com](http://www.klais.com)  
Group Number: **SF738A1**  
EDI Payor No. 34145

**PPO Network Provider List:**

**BeechStreet**

Online at: [www.Beechstreet.com](http://www.Beechstreet.com)  
[1-800-877-1444](tel:1-800-877-1444)

**MultiPlan**

Online at: [www.multiplan.com](http://www.multiplan.com)  
[1-888-342-7427](tel:1-888-342-7427)

**When calling the above toll-free telephone  
numbers, please have the name of your  
school and the policy number (UEL2755S)  
available.**

## STUDENT ACCIDENT & SICKNESS INSURANCE PLAN

The following is a summary of coverage of the Student Accident and Sickness Insurance Plan for the students of University of Maryland Eastern Shore. The exact provisions governing this insurance are contained in the Master Policy issued to University of Maryland Eastern Shore. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United States Fire Insurance Company, administered by The Allen J. Flood Companies, Larchmont, NY and serviced locally by NJ&C Insurance Services, Columbia, MD. **The Policy Number is UEL2755S.**

### POLICY TERM

The insurance under University of Maryland Eastern Shore's Student Accident and Sickness Coverage becomes effective at 12:01 a.m. on **August 30, 2011**. An Insured Person's coverage becomes effective on that date or the date the application and full premium are received by the Company or Plan Administrator, whichever is later. The annual policy terminates at 12:01 a.m. **August 30, 2012** or the end of the period for which premiums has been paid. The Spring Semester is effective at 12:01 on **February 2, 2012** and will terminate at 12:01 on **August 30, 2012**.

### ELIGIBILITY

All Full-Time Undergraduate Students are automatically enrolled in Part I & II Accident and Sickness Insurance.

All Graduate and Part-Time Students may enroll in the Basic Plan by completing the enrollment form on line located at www.ajfusa.com or complete the form at the back of the brochure and returning it to the Plan Administrator. The deadline for enrolling in the fall is **October 15, 2011**. The deadline for enrolling for the Spring Semester is **March 15, 2012**.

### OPTIONAL STUDENT ACCIDENT AND SICKNESS PLAN

**All Students** who are enrolled in the Basic Accident and Sickness plan may also purchase Part III; Optional Student Accident and Sickness Medical

**Expense Benefits on a Voluntary basis.** The cost for this coverage **per semester** is **\$309.00**. A description of the Optional Plan benefits begins on page 8 of this brochure. If you wish to purchase this coverage complete the enrollment form online using one of two methods. Please go to the Plan Administrator website located at [www.ajfusa.com](http://www.ajfusa.com) and complete the enrollment form or you can complete the enrollment form found in the back of this brochure and return it to the Plan Administrator with your check or money order. The deadline to enroll in the Optional plan is **October 15, 2011**. The deadline for enrolling for the Spring Optional plan is **March 15, 2012**.

### **LATE ENROLLMENT**

Students will be able to enroll after the enrollment deadline if they lose coverage under their parent's plan or employer plan. The student will have to enroll within 63 days in order to avoid a break in coverage (see Pre-existing Condition Limitation). The Insured Student will be covered from the date after the application and premium are received by the Plan Administrator. **Premiums will not be pro-rated.**

### **IDENTIFICATION CARDS**

The Student Identification Card is located on the inside back cover of this brochure. Please detach and retain this card in a safe place.

### **PREMIUM REFUND POLICY**

Insured Students, who enter the Armed Forces of any country or withdraw from school within 31 days, will not be covered under this Plan as of the date of such event. Those students will be entitled to a pro rata refund of premium upon written request. Premium received by the Company is fully earned upon receipt.

### **DEFINITIONS**

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner, including chiropractors and podiatrists; (c) a certified nurse midwife while acting within the scope of that certification; (d) a certified

nurse practitioner while acting within the scope of that certification and while working under the direct supervision of a physician; (e) a registered nurse certified as a nurse anesthetist while acting within the scope of that certification; or (f) a licensed certified social worker-clinical while acting within the scope of that license and certification.

**Elective Treatment** means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

**Expense or Covered Charge** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

**Injury** means bodily injury caused by an accident, which is the sole cause of the Loss. All injuries due to the same or related cause are considered one Injury.

**Insured Person** means an Insured Student while insured under this Plan.

**Insured Student** means a student of the Policyholder who is eligible and insured for coverage under this Plan.

**Loss** means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

**Medical Emergency** means the unexpected onset of an Injury or Sickness which requires immediate or urgent medical attention which, if not provided, could result in a Loss of life or serious permanent damage to a limb or organ or pain sufficient to warrant immediate care. A Medical Emergency does not include elective or routine care.

**Medically Necessary** means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not the appropriate treatment for the Insured 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.

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.

**Per Condition Aggregate Maximum** means the total amount of benefits payable for each Injury or Sickness under the Student Health Insurance Policy or Policies issued to the Policyholder immediately before this Plan.

**Reasonable and Customary Expense** means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us or Our** means United States Fire Insurance Company.

**You, Your or Yours** means the Insured Student.

### **PREFERRED PROVIDER NETWORK**

Utilizing the Beech Street or Multiplan Nationwide Preferred Provider Network may decrease your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a Beech Street or Multiplan Provider. In order to use the services of a participating provider you must present your United States Fire Insurance Company Identification Card found at the back of this brochure. An Insured Person may contact Beech Street at 1-800-877-1444, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at [www.beechstreet.com](http://www.beechstreet.com). An Insured Person may contact Multiplan at 1-888-342-7427, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at [www.multiplan.com](http://www.multiplan.com).

### **DESCRIPTION OF BENEFITS**

#### **PART I**

#### **ACCIDENT MEDICAL EXPENSE BENEFITS**

If as a result of an Injury, an Insured Person incurs covered medical Expenses, We will pay, after a **\$25** deductible per Injury, 80% of the Covered Charges incurred within 52 weeks from the date of the accident up to an Aggregate Maximum of **\$5,000** per Injury. The most We will pay for any one Injury is **\$5,000**. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient Doctor visits; (e) inpatient and outpatient consultant; (f) ambulance; and (g) other expenses incurred for the treatment of an Injury. The first Expense must be incurred within 180 days from the date of the accident.



## PART II

### SICKNESS MEDICAL EXPENSE BENEFITS

If as the result of Sickness, an Insured Person incurs covered medical Expenses, We will pay the Covered Percentage of the Covered Charges incurred, as allocated below, within 52 weeks from the date of the first medical treatment of the Sickness up to an Aggregate Maximum of **\$5,000** per Sickness. The most We will pay for any one Sickness is **\$5,000**.

**Hospital Room and Board Expense:** If an Insured Person requires confinement in a hospital, we will pay the Hospital Services Cost Review Commission Rate, beginning with the first day up to a maximum of 30 days.

**Hospital Miscellaneous Expense:** If an Insured Person incurs Expenses during a hospital confinement for: anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs or medicines, dressing, and other necessary non-room and board expenses, We will pay the Covered Charges incurred up to a maximum of **\$750** per Sickness.

**Outpatient Expense:** If an Insured Person incurs Expenses for outpatient treatment for emergency room, diagnostic x-rays or laboratory expenses, We will pay the Covered Charges incurred up to a maximum of **\$300** per Sickness. The treatment must be authorized by the University Health Center when school is in session or by a Doctor when school is not in session.

**Surgeon Expense (Inpatient & Outpatient):** If an Insured Person requires surgery, we will pay the Covered Charges incurred up to a maximum of **\$1,500** per Sickness for surgery performed by a licensed Doctor (In or Out of the Hospital). Out of network benefits will be paid in accordance with the PHCS (Prevailing Healthcare Charges System) Schedule at the 80th percentile for Reasonable and Customary Expense.

**In-Hospital Doctor's Fees Expense:** If an Insured Person, who is confined as a resident bed-patient in a hospital, requires the services of a Doctor, who may or may not have the surgery of the Insured Person, We

will pay the Covered Charges incurred up to **\$50** per visit, limited to one visit per day.

**Outpatient Doctor Visit Expense:** If an Insured Person requires the services of a Doctor, We will pay the Covered Charges incurred up to **\$50** per visit, limited to one visit per day, up to a maximum of 8 visits per Sickness.

**Consultant Expense (Inpatient or Outpatient):** If an Insured Person requires the service of a Consultant or a Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Charges incurred up to a maximum of **\$50** per visit up to a maximum of two visits per Sickness.

**Ambulance Expense:** If an Insured Person requires the use of an ambulance, We will pay the Covered Charges incurred up to a maximum of **\$100**.

**Outpatient Prescription Drug Expense:** If an Insured Person requires a prescription medicine prescribed by a Doctor, We will pay, after a **\$10** deductible, the Covered Charges incurred up to a maximum of **\$150** per Sickness. Benefit includes contraceptive drugs and devices approved by the FDA and off-label use under certain conditions.

**Mental and Nervous Conditions and Alcohol and Drug Abuse Expense Benefit:** If an Insured Person requires treatment for mental and nervous conditions and alcohol and drug abuse, benefits will be limited to the following: (a) hospital inpatient or partial hospitalization paid as any other sickness (b) outpatient benefits will be paid beginning with the second visit as follows: benefits will be payable at 80% for the first 5 visits in any one calendar year or benefit period of not more than 12 months; then 65% for the 6<sup>th</sup> through 30<sup>th</sup> visit, 50% for the 31<sup>st</sup> visit and any other visit thereafter or benefit period of not more than 12 months.

**Office visits for the purpose of medication management shall not be counted against the number of visits outlined above and shall be paid under the same terms and conditions as office visits for physical sickness.**

### **PART III**

#### **VOLUNTARY OPTIONAL ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT**

If this plan is purchased, as a result of an injury or sickness, an insured Person incurs covered Expenses in excess of the Basic Accident benefits of **\$5,000** or Basic Sickness Medical Expense as allocated in the benefits schedule, We will pay, after a **\$100** deductible 80% of the covered charges incurred up to an additional Maximum Benefit of **\$45,000** per injury or sickness. The total Aggregate Maximum We will pay for any one Injury or Sickness is **\$50,000**.

#### **ADDITIONAL BENEFITS**

Benefits are payable subject to the Policy limitations for the following additional benefits: medical and low protein food; pap smear; temporomandibular joint dysfunction; mammography screening; home health care; reconstructive breast surgery incident to a mastectomy; osteoporosis prevention screening; prostate cancer screening; colorectal cancer screening; diabetes expense; patient care cost in medical clinical trials; general anesthesia for dental care for certain insureds; chlamydia screening; home visit expense following a mastectomy or orchiectomy; breast prosthesis following a mastectomy; hair prosthesis due to cancer treatment; in vitro fertilization; morbid obesity; child rehabilitate services; child wellness; accidental dental injury, cleft lip or cleft palate, second opinion; nicotine replacement therapy drugs; maternity expense benefit; child hearing aids and human papilloma virus screening test.

#### **ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

When, because of Injury, the Insured Student suffers any of the following losses within 365 days from the date of the accident, We will pay as follows:

**STUDENT ONLY:**

<u>For Loss of :</u>	<u>Amount</u>
Life	\$5,000
Both hands or both feet or sight of both eyes	\$5,000
One hand and one foot	\$5,000
One hand and sight of one eye	\$5,000
One foot and sight of one eye	\$5,000
Either hand or foot or sight of one eye	\$2,500

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of sight in that eye means total irrecoverable loss of the entire sight. Only one of the amounts named above will be paid for Injuries resulting from any one accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the loss if it in any way results from or is caused or contributed by: (1) physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by this Plan; (2) an infection, unless it is caused solely and independently by a covered accident; (3) participation in a felony; or (4) the Insured Person being intoxicated or under the influence of any drug unless taken as prescribed by a physician. In addition to the above, this provision is subject to the Exclusions and Limitations of this Plan.

**EXCLUSIONS**

The Policy does not cover nor provide benefits for:

- 1) Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
- 2) Pre-existing Conditions as specified in this policy;
- 3) Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports, except for benefits payable under an attached Intercollegiate Sports rider;
- 4) Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not

apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;

- 5) Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- 6) Services incurred prior to the Insured Person's Effective Date or during Hospital Confinement in one or more facilities which began prior to the Insured Person's Effective Date;
- 7) Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
- 8) Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- 9) Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable;
- 10) For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;
- 11) Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;

- 12) Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
- 13) Well baby care, including routine exams and immunizations, except as specifically provided;
- 14) Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion is not applicable to Medicaid recipients or to the treatment of tuberculosis, mental illness, or another covered illness received in a Hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the Hospital or other institution is deemed charitable;
- 15) An amount of a charge in excess of the Reasonable and Customary Expense;
- 16) Elective Treatment or elective surgery, except as specifically provided;
- 17) Services not Medically Necessary;
- 18) Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining;
- 19) Suicide, attempted suicide, or intentionally self-inflicted injury;
- 20) Voluntary or elective abortion; except as specifically provided;
- 21) Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also, services and supplies in connection with Experimental or Investigational Care for the terminally ill. This

exclusion does not apply to the Medical Clinical Trials Expense Benefit.

### **EXTENSION OF BENEFITS**

If an Insured Person is totally disabled when the Insured Person's coverage terminates for any reason except the Insured Student's failure to pay a required premium, We will provide for the continuation of the same policy benefits, in accordance with the policy benefits in effect at the time the Insured Person's coverage terminates, for expenses incurred by the Insured Person for the condition causing the disability until the earlier of: (1) the date the Insured Person ceases to be totally disabled; or (2) 12 months after the date coverage terminates. Proof of total disability may be required at any time.

### **PRE-EXISTING CONDITIONS LIMITATION**

"Pre-existing Condition" relates to a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the six (6) month period ending on the Effective Date of the Insured Person's coverage under this Policy.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (1) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such twelve (12) consecutive month period.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than sixty-three (63) days, the Pre-existing Condition Waiting Period will have to be satisfied again.

If the Insured Person has a lapse in coverage of sixty-three (63) days or less, the Pre-existing Condition Waiting Period shall be reduced by the portion already satisfied by the Insured Person prior to such lapse.

Credit will be given for the time an Insured Person was covered under Continuous Insurance.

## CONTINUOUSLY INSURED

This Plan may be replacing a Prior Plan with another insurer. Prior Plan means (a) the Student Health Insurance policy or policies issued to University of Maryland Eastern Shore immediately before the current Plan; and (b) other policies providing Creditable Coverage as defined in this Plan. Injury or Sickness shall include an Injury sustained, or a Sickness first manifesting itself, while the Insured Person is continuously insured under the Prior Plan and became insured under this Plan without a break in coverage. But no benefits shall be payable for such Injury or Sickness to the extent that such benefits are payable under the Prior Plan for the same expenses. This will apply even though the Prior Plan provided that it will not duplicate the benefits under another Plan. Also, the total amount of benefits payable for Injury or Sickness under this Plan and the Prior Plan cannot exceed the Per Condition Aggregate Maximum.

## PRIVACY STATEMENT

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling toll-free at 800-331-1096.

## CLAIM PROCEDURES

In the event of an Injury or Sickness the Insured Person should:

1. **In the event of a life threatening Injury or Sickness go immediately to the hospital.** If at University of Maryland Eastern Shore report to the Charles Drew Health Center at once so proper treatment can be prescribed or approved. If away from University of Maryland Eastern Shore, or if the University Health Center is closed, consult a Doctor and follow his/her advice.



2. Notify the Claim Administrator, Klais & Company, Inc. within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
3. Obtain a Claim Form from Klais.
4. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Klais at the address below.
5. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to Klais at the address below. No additional Claim Forms are needed as long as the Insured Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Klais.

**REMEMBER THAT EACH INJURY OR  
SICKNESS IS A SEPARATE CONDITION AND  
REQUIRES A SEPARATE CLAIM FORM.**

Conformity with State Statutes means any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is written is hereby amended to conform to the minimum requirement of such statutes.

**RIGHT TO APPEAL**

An Insured Person has a right to file an appeal or grievance on any coverage decision or adverse decision rendered while insured under this policy. An Insured Person may contact our Claim Administrator, Klais & Company, Inc. at 800-331-1096. Klais will address concerns and attempt to resolve them satisfactorily. If Klais is unable to resolve a concern over the phone, they will request submission of the concern in writing to pursue a formal appeal.

**RIGHT TO RECOVERY**

You have the right to request an independent medical review if health care services have been improperly

denied, modified, or delayed based on medical necessity.

**The Plan is Underwritten By:**

United States Fire Insurance Company

By: Fairmont Specialty, a Part of Crum & Forster  
Accident & Sickness Policy No. **UEL2755S**

**If you have any questions about this insurance plan  
please contact:**

UNIVERSITY OF MARYLAND EASTERN SHORE  
CHARLES DREW HEALTH CENTER:

(410)-651-6597

FAX: (410)-651-6702

UNIVERSITY OF MARYLAND EASTERN SHORE POLICY NUMBER UEL2755S - STUDENT ACCIDENT AND SICKNESS  
INSURANCE PLAN 2011-2012

DOMESTIC PART TIME AND GRADUATE STUDENT ENROLLMENT FORM

STUDENT'S NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print) (Last) (First) (Initial)

HOME ADDRESS: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

STUDENT ID #: \_\_\_\_\_ [ ] PART-TIME UNDERGRADUATE [ ] GRADUATE

ENROLLMENT: I hereby enroll in the Student Accident and Sickness Insurance Plan. Enclosed is my check or money order made payable to The Allen J. Flood Companies, Inc.

	<u>Annual</u>	<u>Fall</u>	<u>Spring/Summer</u>
Graduate & Part-Time Students	[ ] \$63.18	[ ] \$31.59	[ ] \$31.59

*The above rates include an administrative fee.*

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

Mail to: The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538. Please return this enrollment form prior to **October 15, 2011** for full year enrollment or fall semester. Please return this enrollment form prior to March 15, 2012 for spring enrollment.

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

Policy No. UEL2755S



UNITED STATES FIRE INSURANCE COMPANY  
UNIVERSITY OF MARYLAND EASTERN SHORES - STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN  
2011-2012  
DOMESTIC FULL TIME, PART TIME AND GRADUATE STUDENT ENROLLMENT FORM

**PART III**  
**VOLUNTARY OPTIONAL STUDENT ACCIDENT AND SICKNESS**  
**ENROLLMENT FORM**

Only those students who have enrolled in the Basic Accident & Sickness Insurance Plan are eligible to enroll in the Voluntary Optional Student Accident and Sickness Insurance Plan as outlined in the brochure.

Student' Name: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

(Please Print) (Last) (First) (Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

**Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosed is my check made payable to The Allen J. Flood Companies, Inc. for **\$309.00** fall/spring semester for the Voluntary Optional Student Accident and Sickness Medical Expense Benefits. I understand that I must be enrolled in the Basic Accident and Sickness Insurance Plan in order to be eligible for this coverage. **The deadline to enroll in the Voluntary Optional Student Accident and Sickness Plan is October 15, 2011 for the annual/fall semester and March 15, 2012 for the spring semester.**

**MAIL TO:** **The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538**

**Policy No:** UEL2755S

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



All Full-Time Undergraduate and Part-Time and Graduate Students (if coverage is purchased) - please Detach and Retain the Identification Card below:

United States Fire Insurance Company  
**University of Maryland Eastern Shore - 2011-2012**  
Student Insurance Identification Card

Policy No. **UEL2755S**

Insured Student: \_\_\_\_\_

Identification No. \_\_\_\_\_

Effective:  August 30, 2011 - February 2, 2012

February 2, 2012- August 30, 2012

**To Verify Coverage & Submit a Claim**

Klais & Company, Inc.  
1867 West Market Street  
Akron, OH 44313  
800-331-1096  
**EDI Pavor: 34145**

**For a List of Providers:**

**BeechStreet**  
1-800-877-1444  
[www.beechstreet.com](http://www.beechstreet.com)



To locate a provider outside  
of your primary network:

**MultiPlan:**  
1-888-342-7427  
[www.multiplan.com](http://www.multiplan.com)

