

## Who Is Student Assurance Services, Inc.?

We are a leader in the specialty market of student accident and sickness insurance. Since 1971 we have been designing, marketing, and administering insurance plans to public and private colleges, universities, and technical schools. Our goal is to design an insurance plan that provides the best overall coverage protection if you become sick or injured, at a cost that is affordable to you or your parents. We have dedicated and experienced staff to provide outstanding customer service and claim processing services from our location in Stillwater, Minnesota.

## Who Is Eligible to Enroll?

All graduate assistants under age 65 and taking credit hours are eligible to enroll in the insurance plan. The spouse and all dependent children of the insured graduate assistant are also eligible to enroll.

## When Can I Enroll?

Graduate assistants are automatically enrolled in the insurance plan at registration. Graduate assistants who wish to enroll for optional supplemental benefits or dependent coverage may do so on a voluntary basis. Refer to our website [www.sas-mn.com](http://www.sas-mn.com) for enrollment information, effective and expiration dates of coverage, and plan costs.

## How Do I Enroll?

Graduate assistants are automatically enrolled in the insurance plan at registration and the premium is added to the student's account. To enroll for optional supplemental benefits and dependent coverage, complete the attached enrollment form and return it with credit card information or a check made payable to:

Student Assurance Services, Inc.  
P.O. Box 196 • Stillwater, MN 55082-0196

## Where Can I Obtain More Information About The Plan ?

Students may view or print a detailed brochure from our website [www.sas-mn.com](http://www.sas-mn.com). 1) Click on "Find My School" 2) Select the state where the school is located 3) Search and select the school name. Students may also call us with any questions at (800) 328-2739.

## What Is The Cost Of The Plan?

Annual Premium	08-15-2011 to 08-14-2012
Graduate Assistants Only:	\$ 675
Spouse:	\$ 2,710
Each Child:	\$ 1,350
Optional Supplemental Coverage:	\$ 220 per person

Additional premium information can be viewed on the attached enrollment form or by visiting the website: [www.sas-mn.com](http://www.sas-mn.com)



## BENEFITS SUMMARY

<b>Basic Medical Maximum Benefit</b>	<b>\$25,000 for each Injury or Sickness;</b> Covers inpatient and outpatient expenses
<b>Deductible</b>	<b>Basic Benefits</b> - \$100 each injury or sickness <b>*Supplemental</b> - None
<b>Co-insurance (plan pays)</b>	<b>Basic Benefits</b> - 100% usual & customary charges <b>*Supplemental</b> - 80% usual & customary charges
<b>Inpatient Hospital Room and Board</b>	<b>Basic Benefits</b> - 100% semi-private room rate <b>*Supplemental</b> - 80% semi-private room rate
<b>Inpatient Hospital Miscellaneous</b>	<b>Basic Benefits</b> - 100% of usual & customary charges <b>*Supplemental</b> - 80% usual & customary charges
<b>Surgical Treatment</b>	<b>Basic Benefits</b> - 100% of usual & customary charges <b>*Supplemental</b> - 80% usual & customary charges
<b>Outpatient Miscellaneous Services:</b> Physician Non-Surgical Visits Emergency Room Diagnostic X-rays & Lab Services Chemotherapy/Radiation Therapy Other Miscellaneous Tests Physiotherapy	<b>Basic Benefits</b> - 100% usual & customary charges; up to aggregate maximum benefit \$1,000 for each injury or sickness; refer to the online brochure for other scheduled benefit limits <b>*Supplemental</b> - 80% usual & customary charges
<b>Outpatient Prescription Drugs (30-day supply per prescription)</b>	<b>Basic Benefits</b> - Maximum benefit \$200 <b>*Supplemental</b> - 80% usual & customary charges
<b>*Supplemental Benefit - Option to purchase Additional Coverage</b>	<b>\$100,000</b> maximum lifetime benefit for each injury or sickness; Maximum includes basic and supplemental plan benefits; Benefits are payable 80% of usual & customary charges

This pamphlet is for informational purposes only. It provides a partial or general description of plan benefits and programs, it is not a contract. **The plan contains maximums, limitations, and exclusions for some medical services that may be important.** We encourage reviewing the detailed brochure on our website [www.sas-mn.com](http://www.sas-mn.com) before deciding to purchase this coverage.

## Additional Programs And Services Offered

**Travel Assistance\*** Global Emergency Services program is provided by Scholastic Emergency Services. The program provides 24-hour assistance whenever the student travels more than 100 miles away from the permanent residence, campus location or in another country.

**Nurse Line\*** The program provides free nurse consultation services at *Ask Mayo Clinic*.

**Student Health Services\*** Students must first use the resources of Student health service where treatment is administered or referral issued.

**Online Services** Students can view eligibility and claims, order an ID card, complete a claim form, obtain plan summary, and view other products and services 24 hours a day by going to the Student Assurance Services Inc. website [www.sas-mn.com](http://www.sas-mn.com).

\* These programs are not underwritten by Columbian Life Insurance Company, but provided by independent vendors and are included if students participate in the plan.

## 2011-2012 UNIVERSITY OF NORTH DAKOTA GRADUATE ASSISTANT DEPENDENT AND SUPPLEMENTAL ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • Home Office: Binghamton, NY 13902-1381  
Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

Student's Name (Please Print) \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Mailing Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

Birthdate \_\_\_\_\_ email \_\_\_\_\_

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to the following credit card:  VISA  MasterCard® or  Discover® Card Expiration Date (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code (on back of card, 3 digits) \_\_\_\_\_

Cardholder Name/Cardholder Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

(Please Print) Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_



2011-2012 ACCIDENT AND SICKNESS INSURANCE PLAN

Insures \_\_\_\_\_  
as a student of the University of North Dakota  
Policy Number: 33-67-0198-030-602-1

**ACCIDENT AND SICKNESS INSURANCE PLAN**  
**For Graduate Assistants Attending**  
**UNIVERSITY OF NORTH DAKOTA**  
**2011-2012**

*Graduate Assistants:*

*We believe access to healthcare through affordable insurance to be critical to the your success and well-being.*

*Ask yourselves the following questions:*

■ *Would an illness interrupt educational plans and require the use of financial resources that are budgeted for educational resources?*

■ *If you currently have insurance – is it enough? Can you be treated in the area of your school location? Are you planning a spring break or any other type of travel and will your current policy cover you in those areas?*

■ *Could you be aging off or ineligible to continue coverage under your parent's policy soon? Most insurance plans have age limits for dependents. Check with your current company and find out what are the age or eligibility limitations. Don't be caught without coverage.*

*If you have any doubts about the above questions, please check with your current carrier and get the answers you need so that you can make an informed decision about protecting yourself with medical coverage while undertaking your education.*

*The purpose of student health insurance is to keep students in school so that they can complete their education and move on to careers without incurring huge medical debt.*

*We urge you to review the enclosed summary of the health insurance policy offered to graduate assistants. A complete description of the plan benefits, exclusions and limitations can be found at [www.sas-mn.com](http://www.sas-mn.com) under "Find My School."*

**Get Protection from a Sound,  
Reliable Insurer with Reasonable Rates**



[www.sas-mn.com](http://www.sas-mn.com)



**HEALTH CARE REFORM**

Columbian Mutual Life Insurance Company currently is evaluating this comprehensive and complex legislation and its impact on our company and student insurance plans. We will continue to monitor and identify any changes to our products and processes. We are committed to comply with all federal and state requirements within the timelines required.

The University is making available a plan of blanket accident and sickness insurance underwritten by Columbian Mutual Life Insurance Company and administered by Student Assurance Services, Inc. This is a non-renewable term policy.

Servicing Agent  
**Chad Lindgren**  
**VAALER INSURANCE, INC.**  
**2701 South Columbia Road**  
**P.O. Box 12848**  
**Grand Forks, ND 58208-2848**  
[www.vaalor.com](http://www.vaalor.com)  
**(701) 775-3131**  
**(800) 553-4291**

Administered by



[www.sas-mn.com](http://www.sas-mn.com)  
 333 N. Main St. • P.O. Box 196  
 Stillwater, MN 55082-0196

Underwritten by



**COLUMBIAN MUTUAL**  
**LIFE INSURANCE COMPANY**  
 HOME OFFICE: VESTAL PARKWAY EAST  
 P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

Premiums are not prorated. The total premium must be paid for the term you enroll in even though the term may be in progress. Coverage becomes effective on the later of: the Master Policy effective date 08-15-2011; the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 08-14-2012, or when premium for the accident and sickness insurance coverage is due and unpaid. No refunds, except as provided in the Master policy.

PREMIUM SCHEDULE	ANNUAL	FALL SEMESTER		SUMMER	
		SPRING SEMESTER	SPRING/SUMMER SEMESTER	SPRING/SUMMER SEMESTER	SUMMER
Spouse	08-15-11 to 08-14-12	08-15-11 to 12-31-11	01-01-12 to 08-14-12	01-01-12 to 08-14-12	05-15-12 to 08-14-12
Each Child	<input type="checkbox"/> \$2,710.00 <input type="checkbox"/> \$1,350.00	<input type="checkbox"/> \$1,026.00 <input type="checkbox"/> \$ 516.00	<input type="checkbox"/> \$1,704.00 <input type="checkbox"/> \$ 854.00	<input type="checkbox"/> \$1,704.00 <input type="checkbox"/> \$ 854.00	<input type="checkbox"/> \$ 688.00 <input type="checkbox"/> \$ 348.00

**\*Optional Supplemental Benefit - \$220.00 Per Person**

Students must be enrolled in the basic injury and sickness benefit of the Insurance plan in order to purchase optional supplemental benefits. Coverage must be purchased when first enrolled in the plan. Optional coverage will terminate when the accident and sickness insurance plan terminates. Optional coverage is not available for dependents only. It is your responsibility to make timely premium payments regardless whether or not you receive a premium notice. Dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student.

**DEPENDENT INFORMATION** (Complete if purchasing dependent coverage)

Spouse's Name _____	Sec. Sec. # _____	Birthdate _____
Child's Name _____	Sec. Sec. # _____	Birthdate _____
Child's Name _____	Sec. Sec. # _____	Birthdate _____

MM/DD/YY  
 W-198ND (en)

**MAKING A CLAIM**

- If at the University, report at once to the Student Health Service.
- If away from the University, secure treatment at the nearest medical facility. Request a claim form from the University or

**Student Assurance Services, Inc.**  
**P.O.Box 196 • Stillwater, MN 55082-0196**

- Written proof of loss must be furnished within 90 days after the date of such loss.
- The Master Policy prevails in the case of conflict.