STUDENT ACCIDENT INSURANCE PLAN

2016-2017

Designed Especially for Students Attending

Please keep this Summary of Coverage for your reference

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

Claim Status and all other Claim Inquiries
NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
800-952-4320
Fax: 207-647-4569
Email: claims@nahga.com
Mandatory Accident – UJA6690A

When calling the above toll-free telephone numbers, please have the name of your school and the policy number UJA6690A available.
This brochure is a brief description of the Student Accident Insurance Plan for all full-time students of Genesee Community College. The exact provisions governing this insurance are contained in the Master Policy issued to Genesee Community College. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by United State Fire Insurance Company under form GA26932-NY and administered by The Allen J. Flood Companies, Inc. The policy number is UJA6690A.

POLICY TERM

The insurance under Genesee Community College’s Student Accident Insurance Plan for the Annual Policy is effective 12:01 a.m. on August 1, 2016. An eligible Student’s coverage becomes effective on that date. The Policy terminates at 12:01 a.m. on July 30, 2017.

ELIGIBILITY

All students enrolled in school.

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverage.

24-Hour Coverage

School Coverage

All School Activities

24 Hour coverage for accidents occurring both on & off campus, including sports & related travel. Sports covered: Baseball, Basketball, Cheerleading, Golf, Lacrosse, Soccer, Softball, Swimming, Volleyball

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

"Accident" means a sudden and unforeseeable event which:
(1) Causes Injury to one or more Covered Persons; and
(2) Occurs while coverage is in effect for the Covered Person.

"Aircraft" means a vehicle which:
(1) Has a valid certificate of airworthiness; and
(2) Is being flown by a pilot with a valid license appropriate to the aircraft.

"Benefit Period" means the period of time from the date of an Injury, as shown in the Schedule of Benefits.

"Covered Person" means an person eligible for coverage for whom proper premium payment has been made and who
is, therefore, insured under this Policy.

"Deductible Amount" means the amount of Eligible Expenses which must be paid by the Covered Person before
benefits are payable under this Policy. It applies separately to each Covered Person.

"Doctor" means a licensed practitioner of the healing arts acting within the scope of his license. Furthermore, Doctor
includes any healthcare practitioner required under New York law providing a service covered under the policy. Doctor
does not include:
   a. The Covered Person;
   b. The Covered Person’s spouse, dependent, parent, brother, or sister; or
   c. A person who ordinarily resides with the Covered Person.
"Eligible Expenses" means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of Injury. Eligible Expenses must be incurred while this Policy is in force.

"He", "his" and "him" includes "she", "her" and "hers."

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
(1) Group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis.
(4) Group labor management plans;
(5) Employee benefit organization plan;
(6) Professional association plans on a group basis; or

"Hospital" means a short-term, acute, general hospital which:
(1) Is duly licensed by the agency responsible for licensing such hospitals;
(2) Is primarily engaged in providing, by or under the continuous supervision of doctors, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
(3) Has organized department of medicine and major surgery;
(4) Has a requirements that every patient must be under the care of a doctor or dentist;
(5) Provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
(6) If located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861 (k) of United States Public Law 89-97 (42 USCA 1395Xk; and is not, other than incidentally:

• A place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care; or
• A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
  (a) The services are rendered on an emergency basis; and
  (b) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

"Hospital Stay" means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

"Injury" means bodily harm that results, directly and independently of all other causes, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

"Leased Aircraft" means an aircraft for which the Policyholder or any of its subsidiaries or affiliates has a written lease under whose terms, the aircraft:
(1) Can be used at the Policyholder's or any of its subsidiaries' or affiliates' discretion;
(2) Can be used by the Policyholder or any of its subsidiaries or affiliates for 2 or more trips or for more than 10 consecutive days; and
(3) Cannot be altered or sold by the Policyholder or any of its subsidiaries or affiliates, without the consent of the lessor or owner.

Leased Aircraft does not include any Owned Aircraft.

"Medically Necessary" or "Medical Necessity" means the service or supply is:
(1) Prescribed by a Doctor for the treatment of the Injury; and
(2) Appropriate, according to conventional medical practice for the Injury in the locality in which the service or supply is given.
"Nurse" means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

"Operated or Controlled Aircraft" means an aircraft which:
(1) Has been leased, rented or borrowed by the Policyholder for at least 10 consecutive days, or more than 15 days in any 1-year;
(2) Can be used at the Policyholder’s discretion; and
(3) Cannot be altered or sold by the Policyholder without the consent of the owner or lessor.

Operated or Controlled Aircraft does not include any Owned Aircraft.

"Owned Aircraft" means aircraft to which the Policyholder or any of its subsidiaries or affiliates holds legal or equitable title.

"School" means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

"Supervised or Sponsored Activity" means an authorized function by a Policyholder or School:
(1) In which the Covered Person participates;
(2) Which is organized by or under its auspices; and
(3) Which is within the scope of customary activities for such entity.

"Usual, Reasonable and Customary" means:
(1) With respect to fees or charges, fees for medical services or supplies which are;
   (a) Usually charged by the provider for the service or supply given; and
   (b) The average charged for the service or supply in the locality in which the service or supply is received; or
(2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

### DESCRIPTION OF BENEFITS

#### ACCIDENTAL DEATH & DISMEMBERMENT EXPENSE BENEFIT

<table>
<thead>
<tr>
<th>Principal Sum</th>
<th>$10,000</th>
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<tbody>
<tr>
<td>Loss must occur within</td>
<td>365 days of the Covered Accident</td>
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<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Schedule of Covered Losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Two or More Hands or Feet</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Sight of Both Eyes</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of One Hand or Foot and Sight in One Eye</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of Speech and Hearing</td>
<td>100% of the Principal Sum</td>
</tr>
</tbody>
</table>

| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |

**Aggregate Limit of Indemnity**

<table>
<thead>
<tr>
<th>Applies to:</th>
<th>$500,000</th>
</tr>
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<tbody>
<tr>
<td>All Conditions of Coverage</td>
<td></td>
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</tbody>
</table>
Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person’s loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

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### ACCIDENTAL MEDICAL EXPENSE SCHEDULE OF BENEFITS

Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-Covered Person – per Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

**Scope of Coverage Applicable to Accident Medical Benefits**

**Full Excess Medical Expense**

**Medical Expense Benefits**

Total Maximum for all Accident Medical Expense Benefits $35,000

First Covered Expenses must be Incurred within 180 days after a Covered Accident Benefit Period

52 weeks from the date of the Covered Accident

Deductible (applies to each Covered Accident) $0

**Covered Expense**

**Benefit Amount, Percentage, Other Limits**

**MEDICAL EXPENSE BENEFIT**  
(Usual, Reasonable and Customary = URC)

- **Hospital Room & Board Daily Maximum Benefit Amount:** URC per day
- **Intensive Care Room & Board Daily Maximum Benefit:** URC per day
- **Hospital Miscellaneous Maximum Benefit Amount:** URC per day
- **Outpatient Pre-Admission Testing Benefit Amount:** URC
- **Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:** URC

**Surgical Benefits:**

- **Primary Surgeons Maximum Benefit Amount:** Refer to Description of Benefits Section (5)(a)
- **Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit:** URC
- **Anesthesia Maximum Benefit:** URC
- **Surgical Facility Maximum Benefit per Operating Session:** URC

**Doctor's Visits**

- **In-Hospital Maximum Benefit:** URC per visit
- **Office Visits Maximum Benefit:** URC per visit
- **Maximum for All In-Hospital and Office Doctor's Visits:** URC visits per Injury

**X-ray and Laboratory Maximum Benefit Amount:** URC per procedure

**Nursing Maximum Benefit Amount:** URC per Injury
Physiotherapy Benefit

Maximum Benefit Amount (Hospital Inpatient): URC
Maximum Benefit Amount (Outpatient): URC
Maximum for All Physiotherapy Combined (Inpatient & Outpatient): URC per Injury

Ambulance Maximum Benefit Amount: URC
Medical Equipment Rental Charges Maximum Benefit Amount: URC
Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen): URC
Dental Treatment For Injury Only
Maximum Benefit Amount: URC

Home Health Care Benefit
Deductible Amount per calendar year: URC
Coinsurance per calendar year: URC
Maximum visits per calendar year: URC

OUT-PATIENT PRESCRIPTION DRUG BENEFIT
Maximum Benefit Amount: URC

ACCIDENTAL DEATH BENEFIT
Principal Sum: $10,000

ACCIDENTAL DISMEMBERMENT, LOSS OF SIGHT, SPEECH, HEARING, OR PARALYSIS
Principal Sum: $10,000

EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

(1) Is caused by or results from the Covered Person’s own:
   (a) Intentionally self-inflicted Injury, suicide or any attempt thereat;
   (b) Intoxication, being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor or otherwise specifically covered by Rider under this Policy. "Intoxicant" or "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where either the loss or its cause occurs.
   (c) Commission or attempt to commit a felony;
   (d) Participation in a riot or insurrection;
(2) Is caused by or results from:
   (a) Declared or undeclared war or act of war;
   (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request; (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
   (c) Aviation, unless specifically provided in this Policy; or
   (d) Sickness (including hernia unless caused by accidental Injury), disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted, unless a Sickness Expense Rider is inforce under this Certificate. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than as provided in the Schedule and the Medical Expense Benefit;
3. Services or treatment rendered by a Doctor, Nurse or any other person who is:
   (a) Employed or retained by the Policyholder; or
   (b) Who is a Covered Person or a member of his immediate family;
4. Charges which:
   (a) The Covered Person would not have to pay if he did not have insurance; or
   (b) Are in excess of Usual, Reasonable and Customary charges;
5. An Injury that is caused by flight in:
   (a) An aircraft, except as a fare-paying passenger; or
   (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere;
6. Part of medical expense payable by any automobile insurance policy without regard to fault;
7. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
8. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
9. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
10. Cosmetic surgery, except for reconstructive surgery on an injured part of the body;
11. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
12. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
13. Rest cures or custodial care;
14. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
15. Dental treatment or dental X-rays, except as otherwise provided under this Policy, and only when Injury occurs to sound natural teeth;
16. Expenses incurred after the Benefit Period shown in the Schedule of Benefits for this Policy;
17. Services and supplies furnished by the School Camp Daycare Policyholder’s infirmary, its employees, or Doctors who work for the School Camp Daycare Policyholder;
18. Prescription medicines, unless specifically provided for under this Policy.

BENEFIT - MEDICAL EXPENSE

We will pay, Eligible Expenses for a Covered Person’s Injury, subject to the Deductible Amount and Coinsurance Percentage, if any, shown in the Schedule of Benefits. Eligible Expenses include:

(1) **Hospital Room and Board** – charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Maximum Daily Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board.

(2) **Intensive Care Room and Board** - charges for each day of Intensive Care Unit confinement, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days.

(3) **Hospital Miscellaneous** - charges during a Hospital Stay, up to the Maximum Daily Benefit Amount shown in the Schedule of Benefits for the Hospital Miscellaneous benefit. Miscellaneous charges do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

(4) **Outpatient Hospital Expenses** - charges by a Hospital for:
   (a) Pre-admission testing (confinement must occur within 7 days of the testing); or
   (b) Emergency room treatment, up to the Maximum Benefit Amount per emergency shown in the Schedule of Benefits for the Outpatient Emergency Room Treatment benefit.

(5) **Surgical Benefits** - charges for:
(a) A Doctor, for primary performance of a surgical procedure, up to the Maximum Benefit Amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. However, we will pay up to 1.57 times the surgical procedure charge when more than one surgical procedure through different operating fields are performed during the same surgical session.

(b) A Doctor, for: (i) assistant surgeon duties; (ii) a second surgical opinion; or (iii) consultation, up to the Maximum Benefit shown in the Schedule of Benefits for an Assistant Surgeon, Second Surgical Opinion, and Consultation.

(c) Anesthesia and its administration, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Anesthesia benefit.

(d) Use of surgical facilities, up to the Maximum Benefit Amount per operating session, as shown in the Schedule of Benefits for the Surgical Facility benefit.

(6) **Doctor’s Visits** - charges by a Doctor for other than pre- or post-operative care:

(a) For in-Hospital visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Doctor’s Visit – In-Hospital.

(b) For office visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Doctor’s Office Visits.

Total visits per Injury will not exceed the combined Maximum shown in the Schedule of Benefits for All In-Hospital and Office Doctor’s Visits.

(7) **X-Ray and Laboratory** - charges for X-ray and laboratory tests, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the X-ray & Laboratory benefit.

(8) **Nursing Services** - Charges for nursing services (other than routine Hospital care) by or under the supervision of a licensed graduate registered nurse, up to the Maximum Benefit Amount shown on the Schedule of Benefits for the Nursing benefit.

(9) **Physiotherapy** - Charges for physiotherapy:

(a) While Hospital confined, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Hospital Inpatient Physiotherapy benefit;

(b) As an outpatient, up to the Maximum Benefit Amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit.

Physiotherapy includes:

(a) Heat treatment;

(b) Diathermy;

(c) Microtherm;

(d) Ultrasonic;

(e) Adjustment;

(f) Manipulation;

(g) Massage therapy and

(h) Acupuncture.

Total treatment per Injury will not exceed the Maximum Benefit Amounts for Physiotherapy shown in the Schedule of Benefits.

(10) **Ambulance** - from the place where the Injury occurred to the Hospital, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Ambulance benefit.

(11) **Medical Equipment Rental** - charges for medical equipment for:

(a) A wheelchair;

(b) An iron lung; or
(c) Other medical equipment for which prior approval by us has been given; up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Medical Equipment Rental benefit.

(12) **Medical Services and Supplies** - Charges for medical services and supplies for:
   (a) Oxygen and its administration;
   (b) Blood and blood transfusions;
   up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Medical Service & Supply benefit.

(13) **Dental Treatment** - Charges for dental treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the Maximum Benefit Amount shown in the Schedule of Benefits for the Dental Treatment benefit. Such treatment must occur within 12 months of the accident that occurs while the Covered Person is covered under the Policy or if necessary due a congenital disease or anomaly tied to an accident Injury.

(14) **Home Health Care Benefit**: Home Care charges for the care and treatment of a covered person who is under the care of a Doctor but only if hospitalization or confinement in a nursing facility as defined in subchapter XVIII of the federal Social Security Act, 421 U.S.C. Sections 1395 et seq., would otherwise have been required if home care was not provided, and the plan covering the home health service is established and approved in writing by such doctor.

   Home care shall be provided by a certified home health agency possessing a valid certificate of approval and shall consist of one or more of the following:
   a. Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse;
   b. Part-time or intermittent home health aide services which consist primarily of caring for the patient;
   c. Physical, occupational or speech therapy if provided by the home health service or agency;
   d. Medical supplies, drugs and medications prescribed by a physician, and laboratory services by or on behalf of a certified home health agency to the extent such items would have been covered under the contract if the covered person had been hospitalized or confined in a skilled nursing facility.

   Costs that exceed the Usual, Reasonable and Customary charges in the area where the services are furnished or supplies provided. Services, supplies and equipment must be:
   a. Medically Necessary for the care or treatment of a covered Injury;
   b. Received while coverage is in force under this Policy; and
   c. Rendered and/or prescribed by a licensed Doctor other than the Covered Person (or a member of his household or immediate family) in accordance with current medical standards and practices

**NEW YORK MANDATES:** Under New York Law, certain mandated benefits are required to be provided under a medical expense policy. We will pay benefits as applicable to this Policy for such mandates.

**BENEFIT: OUT-PATIENT PRESCRIPTION DRUG BENEFIT**

We will pay the Eligible Expenses, subject to the Deductible Amount and Coinsurance Percentage shown in the Schedule of Benefits, if any, for a Prescription Drug or medication when prescribed by a Doctor on an outpatient basis.

**Prescription drug** means:
(1) A legend drug;
(2) A compound medication when at least one ingredient is a Prescription legend drug;
(3) Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
(4) Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

The Prescription Drug must be dispensed by a licensed pharmacy provider for the out-patient use by the Covered Person.
PREFERRED PROVIDER NETWORK

This policy includes the voluntary utilization of MagnaCare Nationwide Preferred Provider Network. Utilizing the MagnaCare Nationwide Preferred Provider Network may decrease Your out of pocket costs under this Accident and Sickness Insurance Plan. This 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 MagnaCare Provider.

PRIVACY POLICY AND PRACTICES

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

Your Privacy is Our Concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

To whom do we disclose information about you?

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.
How to contact Us
You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator
Fairmont Speciality
5 Christopher Way, 3rd Floor
Eatontown, New Jersey 07724

CLAIM PROCEDURES
In the event of an Injury or Sickness the Covered Person should:
1. If at Genesee Community College, report immediately to the Health Center so that proper treatment can be prescribed or approved and obtain a Claim Form;
2. If away from Genesee Community College or if the Office of Student Life is closed, consult a Doctor and follow his/her advice.
3. Notify the Claim Administrator, NAHGA Claim Services within 30 days after the date of the Injury or as soon thereafter as is reasonably possible.
4. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or as soon as reasonably possible. Retain a copy for your records and mail a copy to NAHGA Claim Services, at the address on top of the claim form.
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 the NAHGA Claim Services. No additional Claim Forms are needed as long as the Covered Person's/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 NAHGA Claim Services.

NAHGA Claim Services
PO Box 189
Bridgton, ME 04009
800-952-4320
Fax: 207-647-4569
Email: claims@nahga.com

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

NOTICE OF CLAIM:
Written notice must be given to us within 20 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given to our administrator, or to the address shown on the front of this Policy, or to our agent. Notice should include the Policyholder's name and Policy number and the Covered Person's name and address.

CLAIM FORMS:
When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS:
Written proof of loss must be furnished to us in the case of a claim for loss for which this Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible.

TIME OF PAYMENT OF CLAIMS:
Benefits due under this Policy for a loss, other than a loss for which this Policy provides installments, will be payable not more than 60 days after receipt of proof.

Subject to written proof of loss, all accrued benefits for loss for which this Policy provides installments will be paid as soon as reasonably possible. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of written proof of loss, unless otherwise stated in the Description of Benefits.

PAYMENT OF CLAIMS
We may pay benefits for medical expenses directly to the Hospital or provider rendering treatment, services, or supplies, if a written request is received not later than the time for filing the claim form or proof of loss. Otherwise all benefits shall be payable to the Covered Person, or to his/her designated beneficiary or beneficiaries, or to his/her estate, except that if the Covered Person be a minor, such benefits may be made payable to his/her parent, guardian, or other person actually supporting him/her, or to a person or persons chiefly dependent upon him/her for support and maintenance.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at the Covered Person’s death may, at our option, be paid either to his beneficiary or to his estate.

CHANGE OF BENEFICIARY (Applicable only when an Accidental Death or Dismemberment benefit is provided): The Covered Person can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change which the Covered Person may make unless the designation of beneficiary is irrevocable or otherwise required by law.

PHYSICAL EXAMINATION AND AUTOPSY:
We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while a claim is pending. We can have an autopsy made at our expense unless prohibited by law.

LEGAL ACTIONS:
No action at law or in equity shall be brought to recover benefits under this Policy less than 60 days after written proof of loss has been furnished as required by this Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.
CONDITIONAL CLAIM PAYMENT:
If a Covered Person incurs expenses for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will pay benefits if:

(1) The Covered Person first agrees in writing to refund the lesser of:
   (a) The amount we actually paid for such expenses; or
   (a) The amount actually received from the third party for such expenses; and

(2) The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise.

However, prior to our payment of benefits under this Policy, if the third party's liability is satisfied in an amount less than the benefits payable under this Policy, we will pay the difference.

RECOVERY OF BENEFITS:
We reserve the right to recover from a Covered Person any benefits we have paid to him for injuries:

(1) Received in a covered Accident; and

(2) Which are covered under:
   (a) Workers' Compensation or similar statutory remedies available under law; or
   (b) Any employer's liability Insurance.

It will be assumed that the Covered Person is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

SUBROGATION:
If we have paid benefits to a Covered Person for Injuries received in a Covered Accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

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.

The Plan is Underwritten By:
United State Fire Insurance Company
Policy Numbers UJA6690A