Dear Student:

The administration is making available to the students and their dependents, a plan of Blanket Accident and Health Insurance underwritten by National Guardian Life Insurance Company. The Coverage is designed to provide benefits for medical expenses arising from an Injury or Sickness, including those which occur off campus and during interim vacations. Participating in this plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage. Any questions about the policy should be directed to:
First Agency, Inc. 5071 West H Ave., Kalamazoo, MI 49090-8501, Phone (269) 381-6630.

ELIGIBILITY

All full-time registered students, taking 2.4 units per quarter or more, and part-time students, taking 2.0 units per quarter or more, attending Kalamazoo College are eligible to participate in this program. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage, and the Servicing Agent should be notified at that time. Students may secure family coverage. Eligible dependents are the spouse (residing with the Insured Student) and unmarried children under nineteen years of age who are not self-supporting and reside with the Insured Student. Eligibility requirements must be met each time a premium is paid to continue coverage. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child when we are notified in writing within 31 days from the date of birth and required premium is paid. 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 the Policy eligibility requirements have not been met, the Company’s only obligation is a refund of premium.

EFFECTIVE DATE

Your coverage becomes effective on the later of: the Policy effective date (8/1/11) or the date the application and proper premium is received by the Administrator. Enrollment is only allowed during the open enrollment period which is 8/1/11 to 10/12/11.

Exceptions will be made for the following:
1. Adding a new spouse or dependent child (within 31 days of marriage, birth, or adoption).
2. Enrolling as a new or transfer student within 31 days of enrollment at the school.
3. Within 31 days of ineligibility under another plan of Creditable Coverage and accepted and exhausted COBRA continuation of coverage if offered.

TERMINATION DATE

A covered person’s coverage will terminate on the earliest of the following dates: 1) the last day of the period through which the premium is paid; 2) the date of entry into full time active military services; 3) the date the insured student’s coverage terminates; or 4) the date the Policy terminates (8/1/12).

PRE-EXISTING CONDITIONS LIMITATION

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) 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 and whose most recent prior creditable coverage was under an employer group health plan; and who accepted and used COBRA continuation of coverage or similar state coverage if it was offered to him or her. We will credit the time the individual was covered under prior creditable coverage.

When a Covered Person’s Injury or Sickness requires treatment by a doctor, the Policy will provide the following benefits while the Covered Person’s coverage is in force for the medically necessary Reasonable and Customary (R&C) charges scheduled below. Treatment of Injury must begin within 60 days of covered accident. The Policy will allow benefits only for expenses not covered by other valid and collectible coverage. If the total covered expenses are less than $100, this provision will be waived.

PART A: BASIC INJURY BENEFITS* ........................................................................................................ $5,000 maximum each Injury, Subject to following limits

DENTAL TREATMENT - Repair and/or replacement of sound and natural teeth .................................................................................. $500
PHYSICAL THERAPIST ................................................................................................................................. $25 a visit, one visit/day
ANESTHETIST (Inpatient and outpatient) - 25% of surgery allowance
ASSISTANT SURGEON (Inpatient) ............................................................................................................. 25% of surgery allowance

ALL OTHER COVERED SERVICES ........................................................................................................ R & C

PART B: BASIC SICKNESS BENEFITS* ........................................................................................................ $5,000 maximum each Sickness, Subject to following limits

HOSPITAL, ROOM AND BOARD: Average daily semiprivate room rate .............................................................................. $700/day
HOSPITAL MISCELLANEOUS INPATIENT: for x-ray examination, laboratory tests, anesthesia, operating room, medications, dressings, etc ........................................................................................................ $1,500
HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS - in lieu of INPATIENT: ................................................................. $1,500
DOCTOR’S NONSURGICAL VISITS: (Inpatient) ...................................................................................... $30/visit, 1 visit/day, up to 30 visits

DOCTOR’S NONSURGICAL VISITS: (Outpatient) ................................................................................................. $80/visit, 1 visit/day, starting 1st visit, limit 5 visits
SURGICAL TREATMENT: (in or out of hospital) - services performed by a licensed doctor as determined by reference to the 80th percentile and in accordance with the most current reasonable and customary payment system 80% of R&C incurred to a maximum of $3,000
ANESTHETIST AND/OR ASSISTANT SURGEON: .......................................................................................... 25% of Surgical Treatment
OUTPATIENT TREATMENT: when the Covered Person is not hospital confined as a resident bed patient and incurs expense for emergency room and/or diagnostic X-rays/lab test by doctor or hospital ............................................................................. $1,000
ALCOHOL/DRUG ABUSE BENEFITS: .......................................................................................................................... $3,969 per policy year
AMBULANCE SERVICES: ................................................................................................................................. $1,000
MOTHER’S AND INFANT CARE BENEFITS: ........................................................................................................ $1,500
MENTAL OR NERVOUS DISORDERS: when the Covered Person is hospital confined ................................................................. $1,500 maximum
Outpatient ........................................................................................................................................................ $500 maximum
PRESCRIPTION DRUGS: ................................................................................................................................. $250 per sickness

* Covered Charges paid under the Basic Medical Expense Benefit of this Policy shall not be paid under the Major Medical Expense Benefit of this Policy.

PART C: MAJOR MEDICAL BENEFITS ........................................................................................................ $50,000 maximum each Injury and each Sickness

After medical expenses incurred reach $5,000 under the Basic Injury Benefit or Basic Sickness Benefit (PARTS A or B), the Company will then pay 80% of the Reasonable and Customary Expenses incurred up to a maximum of $50,000 each Policy year. This maximum includes both benefits paid under PARTS A or B and PART C. No Benefits are payable for treatment of motor vehicle injuries.

PART D: MEDICAL EVACUATION AND REPATRIATION (Foreign Students and Foreign Study)

Medical Evacuation: If the Insured person, by reason of covered Injury or Sickness and following at least five consecutive days of hospital confinement, requires evacuation to the Insured Student’s home country, the Company will pay the expenses actually incurred for such evacuation up to a maximum of $50,000 provided that such evacuation is certified as medically necessary by the attending doctor and subject to prior approval by the Company.

Repatriation: If the Insured person dies as the result of a covered Injury or Sickness, the Company will pay the expenses actually incurred for the preparation and transportation of the body to the Insured Student’s home country, up to a maximum of $15,000. Payment is subject to prior approval by the Company.

PART E: ACCIDENTAL DEATH AND DISMEMBERMENT

Occurring within 180 days from date of accident, pays in addition one of the following (the largest applicable amount):

Accidental Death .................................................................................................................................................. $1,000
Single Dismemberment ...................................................................................................................................... $1,000
Double Dismemberment ..................................................................................................................................... $2,000

PART F: PREMIUMS

<table>
<thead>
<tr>
<th>8/01/11 TO 8/01/12</th>
<th>*Installment Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students only - under age 35</td>
<td>$525.00</td>
</tr>
<tr>
<td>Dependents (each)</td>
<td>$775.00</td>
</tr>
<tr>
<td>Students only - age 35 or over</td>
<td>$692.00</td>
</tr>
<tr>
<td>Dependents (each)</td>
<td>$1,536.00</td>
</tr>
</tbody>
</table>

*The three installment method of payment is only available to those students enrolling prior to 10/12/11. For students making three installments; the second installment will be billed and due on 12/15/11. The third installment will be billed and due on 4/15/12.
EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a physician as necessary to treat a Sickness or Injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any 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. 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.

4. Cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part, or reconstructive surgery because of a congenital disease or anomaly, except as provided for Dependent newborns.

5. 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 commercially scheduled airline.

6. Surgery and/or treatment for acne; acupuncture; allergy, including allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary; circumcision; corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical correction thereof unless due to Injury; family planning; fertility tests; hair growth or removal; impotence; organic or otherwise; learning disabilities; nonmalignant warts, moles and lesions unless Medically Necessary; obesity and any condition resulting therefrom (including hernia of any kind, diabetes or heart disease); premarital examinations; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; smoking cessation; tubal ligation; vasectomy; and weight reduction.

7. Temporomandibular Joint Dysfunction (TMJ).

8. Expenses incurred as a result of dental treatment, except as specifically stated.


10. Expense incurred in connection with birth control, sterilization or related conditions and recurrent symptoms of these injuries, are considered a single injury.

Pre-existing Condition: means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 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 illness, disease, and complications of pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Reasonable and Customary Charges: means a reasonable charge which is:
1) usual and customary when compared with the charges made for similar services and supplies and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the policy for any expenses incurred which in the judgement of the Company are in excess of Reasonable and Customary Charges.

CLAIM PROCEDURE

In the event of Sickness or Injury the Insured should:

1. Secure a claim form from the Health Center at the college or from First Agency and follow the instructions. (Available online at www.Istagency.com/claimforms.htm)

2. Bills must be received by the Company within 90 days of service or as soon as reasonably possible to be considered for payment.

TO APPLY FOR COVERAGE

Complete the enrollment card and return with your check made payable to:

First Agency, Inc.
5071 West H Ave.
Kalamazoo, MI  49009-8501
(269) 381-6630

Only the above office is authorized to accept and process your completed enrollment card; do not send them elsewhere.

Keep this brochure as your summary of coverage - no individual policy will be issued - a master policy is issued to the school. The Master Policy contains the contract provisions and shall prevail in the event of any conflict between this brochure and the Master Policy.

Notice of Privacy Practices For Protected Health Information: You have the right to adequate notice of the use and disclosure of protected health information that may be made by us, and of your rights and our legal duties with respect to protected health information. You have the right to request this notice in writing once every 3 years starting from the date of your initial enrollment at the school by writing to: First Agency, Inc., 5071 West H Avenue, Kalamazoo, MI 49009-8501

PREMIUM REFUND

No premium refunds are permitted except when the student enters full time active military service in which case a pro-rata refund will be made upon written request.

This is a non-renewable one year term policy. It is the insured’s responsibility to maintain continuity of coverage. No renewal notices will be sent.