

2009-10 MAJOR MEDICAL PLAN

PLEASE NOTE: This is available to NEW Spring Term Students only!

If you would like to extend your coverage beyond the aggregate limit that is provided through the Student Accident & Sickness Plan, you may enroll in the Major Medical (Buy-up) Plan. The Major Medical Plan provides benefits only after the Student Accident & Sickness Plan Aggregate Limit has been exhausted. Coverage is then provided for covered expenses at 80% of the Usual, Reasonable & Customary (URC) charge to the limit purchased below.

MAJOR MEDICAL PLAN				
	\$25,000 Aggregate Maximum		\$50,000 Aggregate Maximum	
Student Accident & Sickness Plan Limit	Annual Premium		Annual Premium	
	24 yrs & under	Over 24 yrs.	24 yrs & under	Over 24 yrs.
\$5,000 Aggregate	\$279	\$454	\$300	\$476
<p><i>Premium must be postmarked no later than February 28, 2010</i></p> <p><i>THE ABOVE PREMIUM IS IN <u>ADDITION</u> TO THE COST OF THE STUDENT ACCIDENT & SICKNESS PLAN PREMIUM IF APPLICABLE.</i></p>				

Below are some important things you should know about the Major Medical Plan.

- Payment must be postmarked by February 28, 2010. No payments will be accepted after February 28, 2010.
- Coverage becomes effective the date the payment is received but not prior to the effective date of your Student Accident & Sickness Plan.
- **Only Cashier's Checks or Money Orders will be accepted. No personal checks please.**
- The Major Medical Plan has a deductible that is only satisfied by the Student Accident & Sickness Plan Aggregate Limit.
- The Major Medical Plan provides benefits at 80% of URC for eligible expenses.
- All exclusions and limitations provided under the Student Accident & Sickness Plan are duplicated in the Major Medical Plan.
- Enrollment information can be found on your institution's student insurance website.

To enroll, you must download and complete the enrollment form available on your institution's student insurance website and submit it along with your payment to EIIA Student Programs before February 28, 2010.

2009-10 MAJOR MEDICAL PLAN ENROLLMENT FORM

INSTITUTION NAME: _____

STUDENT NAME (Please Print): _____

Student's Street Address: _____

City: _____ State: _____ Zip _____

Student's Date of Birth: _____/_____/_____ (MONTH/DAY/YEAR)

Student's Social Security Number: _____ - _____ - _____

Student's Daytime Phone Number: (_____) _____

Student's Email Address: _____

IMPORTANT: This completed form and payment must be postmarked by EIA Student Programs, Inc. prior to February 28, 2010. No payments will be accepted after February 28, 2010.

Cashier Checks or Money Orders only. Personal checks are not accepted.

Payable to: EIA Student Programs

**Mail to: EIA Student Programs
200 South Wacker Drive, Suite 1000
Chicago, IL 60606**

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I hereby certify that as a full-time student applicant as named above, the information contained on this enrollment form is true. I understand that the effective and termination dates on my coverage under the Major Medical Plan are the same as under my Student Accident & Sickness base Plan.

I also understand that injuries resulting from the participation in intercollegiate sports are excluded from this plan.

Student Signature: _____ Date: _____