

Accident & Sickness Insurance

**A Non-Renewable Term Policy
for Domestic Students Attending**



**McMinnville, Oregon
2006 - 2007**

Underwritten by:
United States Fire Insurance Company
by Fairmont Specialty,
A Division of Crum & Forster
Eatontown, New Jersey

Claims Administered by:
Personal Insurance Administrators, Inc.
Agoura Hills, California

Policy No. US002001

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ELIGIBILITY

ALL REGISTERED STUDENTS TAKING CREDIT HOURS AT LINFIELD COLLEGE are required to have health insurance coverage. Students must be physically and actively attending classes on campus to enroll in this plan. Any student with in-force, comparable health insurance may be exempted from participation in the student group plan by completing and filing a Waiver Form by the applicable deadline (see below). Waiver forms for this purpose are available in the summer mailings and in the Human Resources office. If you have Web Advisor access with your email address you may waive the insurance online at: <https://www.linfield.edu/WebAdvisor/WebAdvisor>. The link to obtaining your email address is <https://comp-services.linfield.edu/acctManager/acctRequest>.

If you do not file a Waiver Form by the deadline indicated the premium for the Linfield student accident & sickness base plan will be charged to your Linfield student account.

EFFECTIVE DATES & PREMIUMS

Base Plan – Student Only*

	Base Rate	Effective Dates of Coverage	Waiver Deadline
Annual	570.00	8/15/06 – 8/14/07	9/20/06
Fall	285.00	8/15/06 – 2/05/07	9/20/06
Winter	350.00	1/02/07 – 8/14/07	1/10/07
Spring	285.00	2/06/07 – 8/14/07	2/16/07
Summer	110.00	6/05/07 – 8/14/07	6/15/07

The base plan premium will automatically be charged to your student account unless you complete and file a waiver with Linfield College by the deadline above.

*If you would like to increase your insurance coverage, add a dependent, or elect winter or summer term only coverage, please contact: Cindy Homestead, Assistant Director of Human Resources/Melrose 102, 503-883-2594 or email at chomeste@linfield.edu.

Coverage becomes effective on the later of: the Policy Effective Date (8/15/06); 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 Servicing Agent. All coverage expires on August 14, 2007 or when payment is due and unpaid.

Premiums will not be pro-rated.

Refunds of premium are allowed only upon entry into the armed forces.

Coverage will automatically terminate on the earliest of:

- A. The date of policy terminates;
- B. The last day of the period for which premium has been timely paid according to the policy provisions;
- C. The date the Insured Individual is no longer eligible for coverage. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage.

DEPENDENT COVERAGE

DEPENDENT COVERAGE is available. Insured Students may also enroll their eligible dependents in the plan. To enroll your eligible dependents, please refer to enrollment form located in the center of this brochure.

An eligible Dependent is:

- 1) An Insured Student's spouse, who is not legally separated from the Insured Student; or
- 2) The unmarried child or children under age 19, or up to age 25 if a full-time student, who are not self-supporting. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

A child of an Insured Student or an Insured spouse will be covered under the Policy for the first 31 days after:

- 1) Birth of a Newborn Child;
- 2) The effective date of adoption of the child; or
- 3) The date of placement of the child for adoption.

The Insured Student will have the right to continue such coverage for the child beyond 31 days. To continue the coverage the Insured must, within 31 days after the birth, adoption or placement for adoption:

- 1) Apply for coverage; and
- 2) Pay the required additional premium. If the Insured Student does not use this right as stated here, all coverage as to that child will terminate at the end of the first 31 days after the child's birth, adoption or placement for adoption.

"Newborn Child" means:

- 1) A newly born child of the Insured Student from the moment of birth provided that the Insured Student is insured under the Policy;
- 2) A child to whom a decree of adoption by the Insured Student has been entered within thirty-one days after the date of the child's birth and the Insured Student has temporary custody of the child provided the person adopting the child is Insured under the Policy on the date of child is placed with the Insured Student; and,
- 3) A child adopted by the Insured Student whose adoption proceedings have been completed and a decree of adoption entered within one year from the institution of proceedings, unless extended by order of the court by reason of special needs of the child provided the person adopting the child is Insured under the Policy on the date of child the adoption becomes effective.

Dependent eligibility expires concurrently with that of the Insured Student.

CERTIFICATE OF CREDITABLE COVERAGE

When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this policy. You may need such a certificate if you become covered under a group policy or other health plan within 63 days after your coverage under this policy terminates. If the subsequent policy excludes or limits coverage for medical conditions you have before you enroll, this Certificate may be used to reduce or eliminate those exclusions or limitations. To obtain a Certificate of Creditable Coverage please contact USI NW at 1-800-251-4246.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy by calling PIA toll-free at 1-800-468-4343.

NOTES

PREFERRED PROVIDER INFORMATION

By enrolling in the Linfield Student Health Insurance Plan you have access to Preferred Provider networks. Please read the following information so you will know from whom or what group of provider's health care may be obtained. This enhancement to your program does not require you to use a Preferred Provider. You may receive care from any licensed provider (benefit eligibility is subject to the plan design and the exclusions and limitations as specified in the policy), but if you incur any expense using a Preferred Provider you may lower your out-of-pocket expense.

HD HEALTHCARE DIRECT In Oregon the preferred provider network is HC Direct. You may check for HC Direct Preferred Providers on the HC Direct Network by calling 1-877-287-2922 or at www.hcdirect.net.

CCN Outside of Oregon preferred provider network is CCN. You may check for CCN Preferred Providers by calling 1-800-226-5116 or at www.ccnusa.com.

"Preferred Providers" are the Doctors, hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. You should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when you make an appointment for services.

"Preferred Allowances" means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

"Out of Network" providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.

"Allowable Charges" means FAIRMONT SPECIALTY's allowance for a specified Covered Medical Expense of the Provider's charge for the service, whichever is less.

PRE-EXISTING CONDITIONS LIMITATIONS

Pre-existing Conditions are not covered for a period of six months after the Effective Date of coverage. Pre-existing conditions means a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the Effective Date of coverage. Genetic information does not constitute a pre-existing condition in the absence of a diagnosis of the condition related to such information. This pre-existing condition limitation does not apply to a newborn child or adopted child. Credit will be given for the time an insured is covered under a Qualifying Prior Coverage if the coverage was in force within 63 days prior to the effective date of this coverage in force with the school. The student is permitted to have a one term or semester break without restarting the pre-existing condition period.

“Qualifying Prior Coverage” means any individual or group policy, contract, or program that is underwritten or administered by an insurer, nonprofit hospital service plan, care service plan, fraternal society, self-insured employer plan, or other type of entity that provides or arranges medical, hospital and surgical coverage, which does not supplement other private or governmental plans.

This includes continuation or conversion coverage, but does not include accident-only, credit, disability income, Medicare Supplement, long term care, dental, vision, worker's compensation or similar law, or any other publicly sponsored health program.

LINFIELD DOMESTIC - MEDICAL BENEFITS SCHEDULE

When your covered Injury or Sickness requires treatment by a Physician, this Policy will provide Benefits while your coverage is in force, for the Usual, Reasonable and Customary (URC) Charges scheduled below, up to the Maximum Benefit of \$15,000 for each Injury or Sickness. This Policy will allow benefits only for charges incurred for Covered Services that are not payable by other coverage. Standard Coordination of Benefits rules apply where required by law. Benefits will not be provided for services which are not listed in the Medical Benefits Schedule.

PART A: BASIC INJURY AND SICKNESS BENEFITS	MAXIMUM BENEFIT OF \$15,000 FOR EACH INJURY OR SICKNESS
COVERED SERVICES	INJURY OR SICKNESS BENEFIT LIMITS
I. INPATIENT	
a. HOSPITAL ROOM AND BOARD (including general nursing care)	80% of URC
b. HOSPITAL INTENSIVE CARE	80% of URC
c. HOSPITAL MISCELLANEOUS INPATIENT (services and supplies including but not limited to: the cost of the operating room; laboratory tests; x-ray examinations; anesthesia; drugs – excluding take home drugs or medications; supplies) PHYSICAL THERAPIST (1 visit/day, when prescribed by attending Physician) PREADMISSION TESTING	URC
d. SURGICAL TREATMENT	URC
e. ANESTHETIST	25% of Surgical Treatment
f. ASSISTANT SURGEON	25% of Surgical Treatment
g. PHYSICIAN’S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	URC
h. MATERNITY BENEFITS	Same as any sickness
i. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE (Inpatient & Outpatient Aggregate Limit)	Same as any sickness, \$3,000 Aggregate Maximum
j. MOTOR VEHICLE INJURY	Same as any Injury
II. OUTPATIENT	
a. HOSPITAL OUTPATIENT SURGICAL MISCELLANEOUS	URC, up to \$1,500 Maximum
b. SURGICAL TREATMENT	URC
c. ANESTHETIST	25% of Surgical Treatment
d. PHYSICIAN’S NON-SURGICAL VISITS (1 visit/day, not paid day of surgery)	URC, up to 35 visits
e. PHYSICAL THERAPIST(1 visit/day, when prescribed by attending Physician)	\$30/visit, up to 10 visits
f. OFFICE VISIT (done at Linfield Health Center)	Up to \$10 Maximum per visit
g. HOSPITAL EMERGENCY ROOM (Surgical Center or Clinic)	Up to \$800 Maximum
h. DIAGNOSTIC, X-RAY, AND LAB SERVICES (including lab done at Linfield Student Health Center)	Up to \$500 Maximum
i. MRI AND CAT SCANS (including charges for reading)	Up to \$800 Maximum
j. MATERNITY BENEFITS	Same as any sickness
k. MENTAL AND NERVOUS DISORDERS AND SUBSTANCE ABUSE (1 visit/day - Inpatient & Outpatient Aggregate Limit)	Same as any sickness, \$3,000 Aggregate Maximum
l. PRESCRIPTION DRUGS (30 day supply/prescription)	\$20 copay/prescription, up to \$700 per policy year Maximum
m. MOTOR VEHICLE INJURY	Same as any Injury
III. OTHER	
a. AMBULANCE SERVICES (ground or air service)	Up to \$150 Maximum
b. CONSULTANT PHYSICIAN (when requested by the attending physician)	URC
c. DENTAL TREATMENT (Injury to sound, natural teeth, includes X-rays; does not include biting or chewing injuries)	\$100/Tooth Maximum
d. INTERCOLLEGIATE SPORTS	Same as any Injury
e. DIABETES TREATMENT	75% of URC, up to \$120 Maximum
f. ORTHOPEDIC APPLIANCES (when prescribed by a Physician)	Up to \$500 Maximum

PART B: OPTIONAL MAJOR MEDICAL BENEFITS (additional premium required)	\$50,000 MAXIMUM BENEFIT EACH INJURY OR SICKNESS
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After the Company has paid the PART A Maximum Benefit of \$15,000 the Company will then pay 80% of covered charges incurred during the benefit period, up to a Maximum Benefit for Each Injury or Sickness of \$50,000. The maximum includes both benefits paid under PART A and PART B. No benefits are payable for Hospital Room and Board benefits in excess of the lesser of the semiprivate room rate of \$200; Intercollegiate Sports; Dental Treatment; Mental and Nervous Disorders and Substance Abuse; or Physical Therapist.

PART C: OPTIONAL MAJOR MEDICAL BENEFITS (additional premium required)	\$100,000 MAXIMUM LIFETIME BENEFIT EACH INJURY OR SICKNESS
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After the Company has paid the PART A Maximum Benefit of \$15,000 the Company will then pay 80% of covered charges incurred during the benefit period, up to a Maximum Benefit for Each Injury or Sickness of \$100,000. The maximum includes both benefits paid under PART A and PART C. No benefits are payable for Hospital Room and Board benefits in excess of the lesser of the semiprivate room rate of \$200; Intercollegiate Sports; Dental Treatment; Mental and Nervous Disorders and Substance Abuse; or Physical Therapist.

PREMIUMS*	ANNUAL			FALL/WINTER ONLY			WINTER/SPRING/SUMMER			SPRING/SUMMER			SUMMER		
	08/15/06 - 08/14/07			08/15/06 - 02/05/07			01/02/07 - 08/14/07			02/06/07 - 08/14/07			06/05/07 - 08/14/07		
	PART A	PART B	PART C	PART A	PART B	PART C	PART A	PART B	PART C	PART A	PART B	PART C	PART A	PART B	PART C
Student Only	\$570	\$108	\$189	\$285	\$54	\$95	\$350	\$67	\$116	\$285	\$54	\$95	\$110	\$21	\$37
Spouse	\$1,425	\$247	\$435	\$713	\$124	\$218	\$875	\$152	\$267	\$713	\$124	\$218	\$274	\$47	\$84
Each Child	\$ 998	\$108	\$189	\$499	\$54	\$95	\$613	\$67	\$116	\$499	\$54	\$95	\$192	\$21	\$37

*If purchasing partial year coverage, the same plan must be selected for subsequent coverage periods. Only one Optional Major Medical Benefit may be selected. Major Medical Premiums are additional, per person, and paid when first enrolled in the Basic Injury and Sickness Benefits of this Insurance Plan. Optional coverage can be purchased for the student only, or for the student and their dependents. Optional coverage is not available for dependents only. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits. Dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student.

DEFINITIONS

1. **Coinsurance** means the percentage amount of **covered expenses** which you are responsible for any medical service or supply. The **coinsurance** is shown in the Schedule. We will pay the remaining amount of **covered expenses**, subject to the maximum amount for specific services and the maximum benefit for all services.
2. **Complications of pregnancy** means:
 - a. Conditions whose diagnosis is distinct from but adversely affected or caused by pregnancy and which require a **hospital stay** (when pregnancy is not terminated). Such conditions include, but are not limited to, acute nephritis; nephrosis; cardiac decompensation; missed abortion; hyperemesis gravidarum; pre eclampsia; and similar conditions of comparable severity; or
 - b. Caesarean section; therapeutic abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy during a period of gestation when a viable birth is not possible.
Complications of pregnancy do *not* include:
 - False labor;
 - Occasional spotting;
 - **Doctor**-prescribed rest during pregnancy;
 - Morning sickness; or
 - Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.
3. Copayment means the dollar amount that a covered person pays directly to a doctor, hospital or other health care provider at the time a covered service is rendered.
4. **Covered expenses** means charges:
 - a. Not in excess of **usual, reasonable and customary** charge;
 - b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule;
 - c. Made for medical services and supplies not excluded under the policy;
 - d. Made for services and supplies which are **medically necessary**; and
 - e. Made for medical services specifically included in the Schedule.
5. **Covered person** means you and your eligible **spouse** and **dependents** covered under the policy. The proper premium payment must be made to be covered under the policy.
6. **Deductible** means the amount of **covered expenses** paid on behalf of a **covered person** before benefits are payable under the policy. The **deductible** amount is shown in the Schedule.
7. **Dependent** means your unmarried child who:
 - a. Chiefly relies on you for support and maintenance; and
 - b. Lives within the United States; and

DEFINITIONS, CONT'D.

- c. Is within the following age groups unless otherwise shown in the Schedule:
- 1) Under 19 years of age;
 - 2) 19 but less than 25 years of age and enrolled in a School as a full time student; or
 - 3) 19 or more years of age, and primarily supported by you and incapable of self sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a **dependent** under (1) or (2) above. We may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.
- "Child"** can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.
8. **Doctor** means a licensed practitioner of the healing arts acting within the scope of his license, including a certified nurse practitioner performing services within the lawful scope of nurse practitioner practice. **Doctor** includes a physician assistant licensed under ORS 655.515(4) when acting with the scope of his license. **Doctor** shall include a Clinical Social Worker licensed under ORS 675.510 to 675.600. **Doctor** does not include:
- a. You;
 - b. Your **spouse, dependent**, parent, brother, or sister; or
 - c. A person who ordinarily resides with you.
9. **Hospital** means an institution:
- a. Operated pursuant to law;
 - b. Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
 - c. Under the supervision of a staff of **doctors**;
 - d. Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
 - e. With medical, diagnostic and treatment facilities, and with major surgical facilities;
 - 1) On its premises; or
 - 2) Available on a prearranged basis; and
 - f. Charging for its services.
- Hospital** includes a hospital owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.
- Hospital** does *not* include a clinic or facility for:
- Convalescent, custodial, educational or nursing care;
 - The aged, drug addicts or alcoholics; or
 - Rehabilitation.
10. **Hospital stay** means a **medically necessary** overnight confinement in a **hospital** when room and board and general nursing care are provided and a per diem charge is made by the **hospital**.

DEFINITIONS, CONT'D.

11. **Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All **injuries** to the same person sustained in one accident, including all related conditions and recurring symptoms of **injuries** will be considered one **injury**.
12. **Intensive care** means:
- A specifically designated facility of the **hospital** that provides the highest level of medical care; and
 - Restricted to those patients who are critically ill or injured.
- Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. It must be:
- Permanently equipped with special life-saving equipment for the care of the critically ill or injured; and
 - Under constant and continuous observation by nursing staffs assigned on a full-time basis, exclusively to the Intensive Care Unit.
- Intensive care** does not mean any of these step-down units:
- Progressive care;
 - Sub-acute intensive care;
 - Intermediate care units;
 - Private monitored rooms;
 - Observation units; or
 - Other facilities not meeting the standards for **intensive care**.
13. **Emergency Medical Conditions** means a medical condition that manifests itself by symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person or fetus in the case of a pregnant woman, in serious jeopardy. Expenses incurred for **hospital emergency room** will be paid only for a **sickness or injury** fulfilling the above conditions. These expenses will not be paid for minor **sickness** or minor **injuries**.
14. **Medically necessary** means those services or supplies provided or prescribed by a **hospital** or **doctor**:
- Essential for the symptoms and diagnosis or treatment of the **sickness or injury**;
 - Provided for the diagnosis, or the direct care and treatment of the **sickness or injury**;
 - In accordance with the standards of good medical practice;
 - Not primarily for your convenience or that of your **doctor**; and
 - That are the most appropriate supply or level of service that can safely be provided.
15. **Natural teeth** means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.

DEFINITIONS, CONT'D.

16. **Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).
17. **Participating institution** means the college or university you attend during your **term of coverage**.
18. **Physiotherapy** means any form of the following: physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a **doctor**.
19. **Policyholder** means Linfield College.
20. **Prescription** means any authorization, including authorized refills, issued by a **doctor** for dispensing medication for the purpose and in the amount specified.
21. **Prescription drug** means:
 - a. A legend drug;
 - b. A compound medication when at least one ingredient is a prescription legend drug;
 - c. Any other drug which under applicable state law may only be dispensed by **prescription**, including injectable insulin; or
 - d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.
22. **Primary insured** means you.
23. **Sickness** means illness or disease diagnosed during the **term of coverage** under the Policy for the **covered person**. **Sickness** includes **pregnancy and complications of pregnancy**. All related conditions and recurring symptoms of **sickness** will be considered one **sickness**.
24. **Spouse** means your lawful spouse.
25. **Term of coverage** means the period of coverage beginning with your Effective Date and ending upon completion of a trimester, semester or other measure of an academic session determined by the **participating institution**.
26. **Usual, reasonable and customary** means:
 - a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
 - b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Usual, reasonable and customary charges are calculated using the national database of Ingenix, Inc, at the 90th percentile.

**2006-2007 LINFIELD COLLEGE
ENROLLMENT FORM FOR DOMESTIC STUDENTS
OPTIONAL MAJOR MEDICAL AND/OR DEPENDENT ENROLLMENT
STUDENT ACCIDENT & HEALTH INSURANCE**

1. _____ Male
Female
(Print) **Primary Applicant's Last Name** **First Name** **MI**
2. _____
(Mailing Address) **Address** **City** **State** **Zip**
3. _____ (_____) _____]
Date of Birth **Student ID Number** **Telephone Number**
4. **E-Mail Address** _____
5. **Indicate Coverage Selected: (Please circle)**

	Annual			Fall/Winter Only			Winter/Spring/Summer			Spring/Summer			Summer		
	8/15/06 – 8/14/07			8/15/06 – 2/5/07			1/2/07-8/14/07			2/6/07-8/14/07			6/5/07-8/14/07		
	Part A	Part B	Part C	Part A	Part B	Part C	Part A	Part B	Part C	Part A	Part B	Part C	Part A	Part B	Part C
Student Only	N/A*	108.00	189.00	N/A*	54.00	95.00	N/A*	67.00	116.00	N/A*	54.00	95.00	N/A*	21.00	37.00
Spouse	1425.00	247.00	435.00	713.00	124.00	218.00	875.00	152.00	267.00	713.00	124.00	218.00	274.00	47.00	84.00
Each Child	998.00	108.00	189.00	499.00	54.00	95.00	613.00	67.00	116.00	499.00	54.00	95.00	192.00	21.00	37.00

*Student only premium for Part A (base plan) is charged to their Linfield College student account. Premium for Part B or Part C and dependent coverage must be mailed to USI NW with this enrollment form.

If purchasing partial year coverage, the same plan must be selected for subsequent coverage periods. Only one Optional Major Medical benefit may be selected. Major Medical premiums are additional, per person, and paid when first enrolled in the Basic Injury and Sickness Benefits of this insurance plan. Optional coverage can be purchased for the student only, or for the student and their dependents. Optional coverage is not available for dependents only. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits. Dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student.

Deadline for enrollment: Annual 9/20/06 Fall/Winter 9/20/06 Winter/ Spring/Summer 1/10/07
Spring/Summer 2/16/07 Summer 6/15/07

TOTAL AMOUNT SUBMITTED: \$ _____

PAYMENT METHOD: CHECK OR MONEY ORDER

MAKE PAYABLE TO: USI NW MAIL TO: 700 NE MULTNOMAH SUITE 1300, PORTLAND OR 97232

4. **Dependent Information** (Please Print):
- Spouse: _____ Male
Female **Date of Birth** _____
Last Name First Name MI
- Child: _____ Male
Female **Date of Birth** _____
Last Name First Name MI
- Child: _____ Male
Female **Date of Birth** _____
Last Name First Name MI

6. By signing below, I certify that I and the individuals named herein are eligible for the insurance.

Signature **Printed Name** **Date**

EXCLUSIONS

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

1. Any **Sickness**, as defined, that was initially diagnosed, treated or recommended for treatment for a period of six months prior to the Term of Coverage for a Covered Person, unless continuous coverage is applied.
2. Services and supplies furnished normally without charge by the **participating institution's** infirmary, its employees, or **doctors** who work for the **participating institution**.
3. Services covered or provided by the student health fee.
4. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of injury; unless specifically provided for in the Schedule.
5. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a **covered expense** associated with a **sickness** or **injury** covered by the policy.
6. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a **covered expense** associated with an **injury** covered by the policy.
7. Dental treatment, except as specifically provided for in the Schedule.
8. War or any act of war, declared or undeclared, or while in the armed forces of any country.
9. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
10. Intentionally self inflicted **injury**, suicide or any attempt thereat.
11. **Injury** of any **covered person** sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically listed in the Schedule;
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. During participation in any practice or conditioning program for such sport, contest or competition.
12. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
13. Treatment in a military or Veterans Hospital or a **hospital** contracted for or operated by a national government or its agency unless:

EXCLUSIONS, CONT'D

- a. The services are rendered on an **medical emergency** basis; and
 - b. A legal liability exists for the charges made on behalf of a **covered person** for the services given in the absence of insurance.
14. Elective surgery and elective treatment, including but not limited to; acupuncture; allergy testing; treatment for acne; birth control, including surgical procedures and devices; biofeedback-type services; breast implants; breast reduction; tubal ligation, vasectomy, circumcision; cosmetic treatment or cosmetic surgery; deviated nasal septum, including submucous resection and/or other surgical correction thereof; elective abortion; family planning; hair growth, replacement or removal, alopecia; hypotherapy; impotence, organic or otherwise; infertility; learning disabilities; nonmalignant warts, moles and lesions, unless for diagnostic purposes; obesity and any condition resulting therefrom (including hernia of any kind), except for Treatment of an underlying Covered Sickness; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia and temporomandibular joint dysfunction (TMJ); sleep disorders, including testing thereof; smoking cessation; vitamins; antitoxins; and weight increase or reduction, except as required to correct an **injury** for which benefits are otherwise payable under the policy.
 15. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
 16. Braces and appliances, except as specifically provided for in the Schedule.
 17. Replacement braces and appliances.
 18. That part of medical expense payable by any auto mobile insurance policy without regard to fault.
 19. Any accident where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program. The Motor Vehicle Injury Benefit limit is shown on the Benefits Schedule.
 20. Preventive medicines, serums, vaccines, except as specifically provided for in the Schedule.
 21. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
 22. Rest cures or custodial care.
 23. Personal services such as television and telephone or transportation.
 24. Prescription drugs, except as specifically provided in the Benefits Schedule.

EXCLUSIONS, CONT'D

25. Treatment of Mental and Nervous Disorders and Substance Abuse, except as specifically provided for in the Benefits Schedule.
26. Organ transplants, including donor's expense.

HOW TO FILE A CLAIM

In the event of Injury or Sickness, the student should:

- 1) Report to the Linfield Student Health Center for treatment or when not in school, to a Physician or Hospital.

IN THE EVENT OF AN EMERGENCY CALL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM.

- 2) Obtain a claim form from the Linfield Student Health Center or print one at www.piaclaims.com.
- 3) The completed claim form and all hospital and medical bills must be submitted within 30 days of Injury or first treatment for a Sickness. The Company should receive bills within 90 days of service. In no event, except in the absence of legal capacity, will a claim be honored later than twelve months from the date when the proof was originally required.
- 4) SEND CLAIM FORM ALONG WITH ITEMIZED HOSPITAL AND MEDICAL BILLS TO:

**Personal Insurance
Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040**

**TO CHECK THE STATUS
OF YOUR FILED CLAIM CALL**

CUSTOMER SERVICE:

1-800-468-4343

www.piaclaims.com

SUBROGATION

If we have paid benefits for 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 any of settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers to 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.

NOTES

SUBMIT ALL CLAIMS OR INQUIRIES TO:

PERSONAL INSURANCE ADMINISTRATORS, INC.

P.O. Box 6040 • AGOURA HILLS, CA 91376-6040

FOR BENEFITS AND ELIGIBILITY CALL:

1-800-468-4343

NOTE: Benefits are subject to payment of appropriate premium and verification of eligibility.

THIS IS YOUR PERMANENT ID CARD

Underwritten by:

UNITED STATES FIRE INSURANCE COMPANY
BY FAIRMONT SPECIALTY,
A DIVISION OF CRUM & FORSTER
EATONTOWN, NEW JERSEY

***For Benefits, Eligibility or Claim
Inquiries Contact:***



PERSONAL INSURANCE ADMINISTRATORS, INC.
P.O. Box 6040
AGOURA HILLS, CA 91376-6040

1-800-468-4343

www.piaclaims.com

Agents:

USI Northwest
Rico Bocala
Patricia Wylie
Brysis Boyd


Portland, Oregon
1-800-251-4246

A Partner Company  Insurance Services Corp.

Important Notice:

Please be sure to retain this brochure as it outlines the provisions of the Policy No. US002001, which is on file at Linfield College. This brochure is only a summary of a master insurance policy (the Master Policy) issued to the Policyholder by the Company. The Master Policy contains language and provisions not contained in this brochure. In the event of a conflict between this brochure and the master policy, the Master Policy will govern. No individual policies or certificates are issued.

Revised 5/06

LINFIELD COLLEGE	
INSURED BY: UNITED STATES FIRE INSURANCE COMPANY BY FAIRMONT SPECIALTY, A DIVISION OF CRUM & FORSTER EATONTOWN, NEW JERSEY	
POLICY NO: US002001	
INSURED STUDENT _____	
2006 - 2007 STUDENT HEALTH INSURANCE PLAN	
	FOR PARTICIPATING PROVIDERS IN OREGON CALL 1-877-287-2922 OR VISIT: WWW.HCDIRECT.NET
	FOR PROVIDERS OUTSIDE OF OREGON CALL 1-800-226-5116 OR VISIT: WWW.CCNUSA.COM
<small>NOTE: Benefits are subject to payment of appropriate premium and verification of eligibility.</small>	