

Underwritten and Insured by:
TIG PREMIER INSURANCE COMPANY
TINTON FALLS, NJ

For Benefits, Eligibility or Claim
Inquiries Contact:

ASSOCIATED ADMINISTRATORS, INC
PO BOX 5096
PORTLAND, OREGON 97208

Toll Free: 1-800-770-6672

You may also print claim forms, ID cards and
brochures at www.aai-tpa.com

Agents:
USI NW
Rico Bocala
Patricia Wylie
Brysis Boyd
Portland, Oregon
1-800-251-4246

A Partner Company  Insurance Services Corp.

Important Notice:

This brochure describes the important features of Student Health Insurance Policy No. 18013. Please be sure to retain this brochure, as it outlines the provisions of the coverage which is on file at the Office of the Dean of Students. No individual policies or certificates are issued. Any discrepancy between this brochure and the Policy, the Policy will prevail.

Submit All Claims or Inquiries to:

ASSOCIATED ADMINISTRATORS, INC
PO BOX 5096
PORTLAND, OREGON 97208

Toll Free 1-800-770-6672

2004–2005

**STUDENT
HEALTH
INSURANCE
PLAN**



DESIGNED ESPECIALLY FOR THE
STUDENTS OF



5511 SOUTHEAST HAWTHORNE BOULEVARD
PORTLAND, OREGON 97215

TIG Premier Insurance Company
Tinton Falls, NJ

Policy No. 18013
Group No. TP SI0011

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a Policy Number 18013, insured by TIG Premier Insurance Company. It contains the benefits and provisions which apply to the plan of insurance sponsored by your school.

Any Discrepancies between this brochure and the Master Policy, the Master Policy will govern.

ELIGIBILITY

ALL STUDENTS of Western Seminary are required to have insurance coverage. Any student with existing health insurance coverage may be exempted from participation in the student group plan by completing and filing a waiver form each academic semester. Forms for this purpose are available in the summer mailings and in the Student Services Office.

Insured Students may also enroll their eligible dependents in the plan by completing the enrollment form.

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; 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 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 31 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 the 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 the special needs of the child provided the person adopting the child is insured under the Policy on the date the adoption becomes effective.

Dependent eligibility expires concurrently with that of the Insured Student.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. August 21, 2004. Coverage becomes effective on that date or the first day of the semester/session for which full premium is received by the Company, whichever is later. The Master Policy terminates at 12:01 a.m. August 21, 2005. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits end and under no circumstances will further payments be made.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined ~~payments under all programs will not exceed 100%~~ of charges incurred for covered services and supplies.

PREMIUM RATES

	Annual 8/21/04 thru 08/20/05	Fall 8/21/04 thru 12/17/04
Student	\$ 899.00	\$ 360.00
Spouse	\$ 3,579.00	\$ 1,431.00
Each Child	\$ 1,345.00	\$ 538.00

	Winter 12/18/04 thru 04/29/05	Spring/Summer 04/30/05 thru 08/20/05
Student	\$ 260.00	\$ 279.00
Spouse	\$1,038.00	\$1,109.00
Each Child	\$ 390.00	\$ 417.00

MATERNITY TESTING

The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound reports that are Medically Necessary. Additionally, the following tests will be considered for women over 35 years of age: AFP Blood Screening; Amniocentesis/AFP Screening; and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call AAI toll free at 1-800-770-6672.

ADDITIONAL MEDICAL EXPENSE BENEFITS

The following expenses are covered subject to the Policy benefits and limitations:

1. Coverage for mammograms are as follows:
 - a) at any time upon referral of a health care provider for the purpose of diagnosis in symptomatic or high-risk women; and
 - b) annually age 40 and over, with or without a referral from a health care provider.
2. Coverage for pap, pelvic and breast exams are as follows:
 - a) annually for women over 18 years of age, unless high risk.
3. Non-prescription elemental enteral formula for home use if:
 - a) formula is medically necessary for treatment of severe intestinal malabsorption;

MEDICAL EXPENSE BENEFIT (CONT.)

- b) physician wrote an order for the formula; or
 - c) formula comprises the sole source (essential) of nutrition.
4. Diabetes self-management education—not less than 75% of the cost of the education program or \$120, whichever is less, regardless of the deductible and coinsurance benefits applicable under the policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight

The Company will pay a benefit for accidental death or dismemberment according to the schedule below for loss incurred within 180 days after the date of the Injury. The Injury must occur while the Insured is covered under the plan.

For Loss of:

Life.....	\$1,000
Two or More Members	\$1,000
One Member	\$ 500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

PRE-EXISTING CONDITION LIMITATION

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 Qualifying Prior Coverage if the coverage was in force within 63 days prior to the effective date of this coverage. Coverage for a student is considered continuous from one school year to the next while we have coverage in force with the school. The student is permitted to have a one term or a 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 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.

DEFINITIONS

1. **Coinsurance** means the percentage amount of covered expenses for 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. Non elective cesarean 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:

- a. False labor;
 - b. Occasional spotting;
 - c. Doctor-prescribed rest during pregnancy;
 - d. Morning sickness; or
 - e. Similar conditions associated with a difficult pregnancy that are not classified as a complication of pregnancy.
3. **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.

DEFINITIONS, CONT'D.

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 - 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.
4. **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.
5. **Deductible** means the amount of covered expenses paid on behalf of a covered person before

continued on page 9

2004 / 2005 STUDENT HEALTH INSURANCE PLAN

SCHEDULE OF BENEFITS

The Policy provides for the medically necessary Usual, Customary and Reasonable Charges (UCR) incurred by a Covered Person for loss due to a covered Injury or Sickness. Subject to policy limitations and exclusions (as outlined in plan booklet).

Lifetime MaximumUp to \$25,000 per injury or sickness
 Policy Year Deductible \$200 per insured per policy year

After your deductible has been met covered expenses will be paid up to the maximum benefit as scheduled below:

INPATIENT EXPENSES

Hospital Expenses <i>daily semi-private room rate; and general nursing care provided by the Hospital; Hospital miscellaneous expenses such as the cost of the operating room, laboratory tests, x-ray examinations, medications (excluding take home medications), therapeutic services, and supplies. In computing the number of days payable under this benefit the date of admission will be counted, but not the date of discharge.</i>	80% of UCR/ \$800 aggregate maximum per day
Pre-admission Testing	Paid under Hospital Expense
Physician's Visits <i>benefits are limited to one visit per day and does not apply when related to surgery.</i>	80% of UCR

INPATIENT / OUTPATIENT EXPENSES

Surgeon/Asst. Surgeon's Fees <i>No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.</i>	80% of UCR
Anesthetist	25% of Surgery Allowance
Registered Nurse's Services <i>Private duty nursing care.</i>	80% of UCR
Consultant Physician Fees <i>when requested by the attending Physician</i>	80% of UCR/ \$200 maximum per Injury or Sickness
Physiotherapy <i>Benefit limited to one visit per day payable for a condition that required surgery or hospital confinement: 1) within 30 days immediately preceding such physiotherapy, or 2) within 30 days immediately following the attending physician's release of the insured for rehabilitation.</i>	Paid under Outpatient Miscellaneous Benefit
Dental Treatment <i>Made necessary by Injury to Natural Teeth</i>	Paid under Outpatient Miscellaneous Benefit
Radiation Therapy and Chemotherapy	Paid under Outpatient Miscellaneous Benefit

OUTPATIENT EXPENSES

Outpatient Miscellaneous Benefit, <i>includes benefits designated as "paid under outpatient miscellaneous."</i>	80% of UCR/\$500 maximum per Injury or Sickness
Physician's Visits <i>benefits are limited to one visit per day and does not apply when related to surgery.</i>	Paid under Outpatient Miscellaneous Benefit
Day Surgery Miscellaneous <i>related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Reasonable and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Index.</i>	80% of UCR/ \$800 maximum, per Injury/Sickness
Chiropractic Care	Paid under Outpatient Miscellaneous Benefit
Medical Emergency Expense <i>use of the emergency room and supplies</i>	Paid under Outpatient Miscellaneous Benefit
Diagnostic X-ray Services and Laboratory Services	Paid under Outpatient Miscellaneous Benefit
Tests and Procedures <i>diagnostic services and medical procedures performed by Physician, other than Physician's visits</i>	Paid under Outpatient Miscellaneous Benefit

OTHER EXPENSES

Ambulance Services.	80% of UCR \$500 maximum per Injury or Sickness
Maternity/Complications of Pregnancy	Paid as any other Sickness

DEFINITIONS, CONT'D.

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 - a. Not in excess of usual, reasonable and customary charge;
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 - e. Made for medical services specifically included in the Schedule.
4. **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.
5. **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.

DEFINITIONS, CONT'D.

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5. **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.
6. **Dependent** means your unmarried child who:
 - a. Chiefly relies on you for support and maintenance; and

DEFINITIONS, CONT'D.

19. **Prescription** means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
20. **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.
21. **Primary insured** means you.
22. **Sickness** means illness, disease, or chemical dependency 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.
23. **Spouse** means your lawful spouse.
24. **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.
25. **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 and given the severity of the condition.

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 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.

EXCLUSIONS, CONT'D.

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 eye-glasses 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 thereof.
11. Injury of any covered person sustained while:
 - a. Participating in any school, professional or organized sports contest or competition, unless specifically list 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:
 - 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. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
15. Elective surgery and elective treatment, including but not limited to: acne, allergy and allergy vials, including allergy testing; acupuncture; biofeed-back-type services; breast implants; breast reduction; circumcision; cosmetic treatment or cosmetic

EXCLUSIONS, CONT'D.

surgery; deviated nasal septum, including submucous resection and/or other surgical correction thereof; elective abortion; family planning; expenses incurred for birth control drugs, procedures, supplies or devices; hair growth, replacement or removal, alopecia; impotence, organic or otherwise; learning disabilities, except for testing; 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.

16. Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act.
17. Braces and appliances, except as specifically provided for in the Schedule.
18. Replacement braces and appliances.
19. That part of medical expense payable by any automobile insurance policy without regard to fault.
20. 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.
21. Preventive medicines, serums, vaccines.
22. Any treatment for mental and nervous disorders, unless provided by Rider attached to the policy.
23. Psychotherapy, except as specifically provided for in the Schedule.
24. Prescription drugs dispensed or purchased unless during hospital stay.
25. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
26. Rest cures or custodial care.
27. Personal services such as television and telephone or transportation.

CERTIFICATION OF GROUP HEALTH PLAN COVERAGE

If an Insured is no longer eligible to be insured under the plan, the Insured may request a copy of the Certification of Health Plan Coverage. Call:

USI Northwest
1-800-251-4246

HOW TO FILE A CLAIM

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

IF A MEDICAL EMERGENCY, CALL 911 OR REPORT TO THE NEAREST EMERGENCY ROOM

- 1) Report to a Physician or Hospital.
- 2) Obtain a claim form from Western Seminary or by calling USI NW at 1-800-251-4246.
- 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 fifteen months from the date when the proof was originally required. A completed Claim Form must accompany each Injury or Sickness.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

- 4) SEND CLAIM FORMS ALONG WITH ITEMIZED HOSPITAL AND MEDICAL BILLS TO:
ASSOCIATED ADMINISTRATORS, INC
PO BOX 5096
PORTLAND, OREGON 97208
Toll Free 1-800-770-6672

Administered By:
ASSOCIATED ADMINISTRATORS, INC.

Insured _____

Student of
WESTERN SEMINARY
2004-2005 Student Health Insurance Plan
Underwritten By:
TIG PREMIER INSURANCE COMPANY
GROUP NO. TP S10011

Both the effective and termination dates of coverage are subject to verification by the Company.
(Address on reverse side)