

**2009-2010
Student
Accident
and Sickness
Insurance
Program**



“the Policyholder”
Garden City, New York 11530

**Administrator Policy Number: AMH0084930
Underwriter Reference Number: CAS9710791**

Underwritten by:
National Union Fire Insurance Company of
Pittsburgh, Pa. (“the Company”),
with its principal place of business in
New York, NY

**Please keep this brochure as a general
summary of the insurance**

INTRODUCTION

The plans outlined in this brochure provide coverages for students enrolled in the plan(s) at home, at the University, or wherever he or she may be 24 hours a day.

The plan is administered by Maksin Management Corp in Camden, NJ. Students may visit Maksin Management Corp's website at www.maksin.com.

ELIGIBILITY

Plan I – Mandatory Basic Accident Benefits

All registered students are automatically enrolled in this plan as described under Plan I of this brochure. The premium for this coverage is added to the student's tuition bill.

Plan II – Basic Sickness Benefits (Includes Supplemental Accident and Sickness Expense Benefit)

All students living in University residence halls, and all international students will be automatically enrolled in the Basic Sickness Benefits and Supplemental Accident and Sickness Expense Benefits as described in Plan II of this brochure unless proof of other comparable coverage is provided. The premium will be automatically added to the student's tuition bill. Those students who have comparable coverage under another policy may waive out of the Adelphi plan by completing an insurance waiver form. Please see page 4 regarding the Waiver Process/Procedure.

Eligibility requirements must be met each time a premium is paid. The Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been and continue to be met. If the Company discovers that the eligibility requirements have not been or are not being met, its only obligation is refund of premium less any claims paid.

QUALIFYING EVENTS

A student, who initially waived coverage under the Policy, but subsequently experiences ineligibility under another plan, may elect to enroll for coverage under the Policy within 31 days of the date of ineligibility under another comparable plan. Proof is required at the time of enrollment.

For dependents, open enrollment deadlines will be as shown on page 4. The only exceptions are the following qualifying events with the appropriate documentation: (1) adding a new spouse or dependent child within 31 days of marriage, birth or adoption; or (2) within 31 days of ineligibility under another creditable plan. Premiums are not prorated.

Plan III – Optional Enhanced Supplemental Accident and Sickness Expense Benefit

This coverage is optional and may be purchased at an additional cost. It is available only to those students enrolled in the Basic Sickness Benefits and Supplemental Accident and Sickness Expense Benefit (Plan II). This coverage must be purchased simultaneously and in conjunction with the Basic Sickness Benefits and Supplemental Accident and Sickness Expense Benefit.

DEPENDENTS

A Covered Student enrolled in the Basic Sickness Benefits and Supplemental Accident and Sickness Expense Benefit may obtain coverage for their dependent spouse living with the Covered Student and/or dependent unmarried child(ren) under the age of 19. The Dependent enrollment forms are available online at www.maksin.com/adelphi.aspx. Dependents must enroll for the same coverage(s) and coverage term for which the Covered Student enrolls. An eligible student may enroll his or her dependents for coverage by the deadlines on page 4, or within 31 days of marriage, birth, or adoption, for which proof is required.

EFFECTIVE AND TERMINATION DATES

The Master Policy becomes effective at 12:01 a.m. on August 15, 2009 and it expires at 12:01 a.m. on August 15, 2010. Coverage for Covered Students and their eligible Dependents will be effective on the Policy Effective Date; Effective Date of the coverage period elected; or the day after the date the enrollment form and correct premium are received, whichever is latest. Insurance terminates for the Covered Person on the earlier of a) the date the Policy terminates; b) the last day for which premium has been paid; or,

force as to the Covered Person, except with respect to any expenses payable under the extension of benefits provision.

“Emergency Medical Condition” means a Sickness or Injury for which immediate medical treatment is sought at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care could reasonably be expected to result in any of the following:

- (a) the Covered Person’s life could be in serious jeopardy;
- (b) bodily functions would be seriously impaired; or
- (c) a body organ or part would be seriously damaged; or
- (d) serious disfigurement; or
- (e) serious jeopardy to the health of the fetus.

Emergency does not include the recurring symptoms of a chronic illness or condition unless the onset of such symptoms could reasonably be expected to result in the complications listed above.

“Hospital” means a short-term, acute, general hospital, which:

- (a) 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 and sick persons;
- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a Doctor or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) 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 1395x[k]);
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) 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.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

“Hospital Confinement/Hospital Confined” means a stay of at least 18 consecutive hours or for which a room and board charge is made.

“Injury” means bodily injury due to an Accident which: (a) results solely, directly and independently of disease, bodily infirmity or any other causes; (b) occurs after the Covered Person’s effective date of coverage; and (c) occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered one Injury.

“Medical Necessity/Medically Necessary” means that a drug, device, procedure, service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice in the United States at the time it is provided.

A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Covered Person or provider; or
- (b) it is not the appropriate treatment for the Covered Person’s diagnosis or symptoms; or
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is experimental/investigational or for research purposes; or
- (e) could have been omitted without adversely affecting the patient’s condition or the quality of medical care; or
- (f) involves treatment of or the use of a medical device, drug or substance not formally approved by the U.S. Food and Drug Administration (FDA); or
- (g) involves a service, supply or drug not considered reasonable and necessary by the Center for Medicare and Medicaid Services Issues Manual; or

(h) it can be safely provided to the patient on a more cost-effective basis such as outpatient, by a different medical professional or pursuant to a more conservative form of treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

“Reasonable and Customary” means the charge, fee or expense which is the smallest of: (a) the actual charge; (b) the charge usually made for a covered service by the provider who furnishes it; (c) the negotiated rate, if any; and (d) the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

“Geographic area” means the three digit zip code in which the services, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representative cross-section of charge for a like treatment, service, procedure, device, drug or supply. Reasonable and Customary charges also means the percentile of the payment system in effect on the Effective Date shown in the Schedule of Benefits.

“Sickness” means disease or illness including related conditions and recurrent symptoms of the Sickness which begins after the effective date of a Covered Person’s coverage. Sickness also includes pregnancy and complications of pregnancy. All Sicknesses due to the same or a related cause are considered One Sickness.

DESCRIPTION OF BENEFITS

MANDATORY STUDENT COVERAGE:

PLAN I BASIC ACCIDENT BENEFITS

The Company will pay benefits for the following Eligible Expenses as the result of a covered Accident. Benefits may not exceed the Maximum Benefit of \$2,000 per Accident. The first Eligible Expense must be incurred within 60 days after the date of the Accident causing the Injury. Eligible Expenses include the following: (a) treat-

ment by a Doctor; (b) Hospital Confinement; (c) services of a licensed practical nurse or RN; (d) x-ray service; (e) use of operating room, anesthesia, laboratory service; (f) use of an ambulance; (g) use of an Ambulatory Surgical Center or Ambulatory Medical Center; (h) if ordered by a Doctor, prescription medicines, drugs, or any other therapeutic services or supplies; or (i) Home Health Care. This benefit includes coverage for treatment of Injury to sound natural teeth.

ACCIDENTAL DEATH AND DISMEMBERMENT

If the Covered Person sustains any of the following losses as the result of a covered Accident, within 365 days after the date of Accident, the Company will pay the amount shown:

For Loss of	Amount
Life.	\$5,000
Both hands or both feet or sight of both eyes.	\$5,000
One hand and one foot.	\$5,000
One hand and sight of one eye.	\$5,000
One foot and sight of one eye.	\$5,000
One hand or one foot or sight of one eye .	\$2,500

Loss of hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means the total permanent loss of sight in the eye.

Principal Sum: \$5,000. The Principal Sum is the largest amount payable under this benefit for all losses resulting from any one Accident.

PLAN II BASIC SICKNESS BENEFITS

When the Covered Person suffers a loss from Sickness, the Company will pay Eligible Expenses, up to an aggregate maximum of \$2,500 per Sickness per Policy Year. Benefits are allocated as follows:

Hospital Room and Board Expense: When the Covered Person’s Sickness requires Hospital Confinement, the Company will pay the Eligible Expenses for Hospital room and board up to the average semi-private rate, up to \$250 per day.

Miscellaneous Hospital Expense: The Company will pay Eligible Expenses during a Hospital Confinement or for outpatient day surgery, up to a maximum of \$1,000 per Sickness. The Company will pay Eligible Expenses for anesthesia, operating room, laboratory tests and x-rays (including professional fees), oxygen tent, drugs (excluding take-home drugs), medicines, dressings, and other necessary non-room and board Hospital Expenses.

Surgical Expense: When the Covered Person's Sickness requires surgery, the Company will pay the Eligible Expenses up to a maximum per operation of \$2,000, including the services of an anesthetist and/or assistant surgeon.

Ambulance Expense: When the Covered Person's Sickness requires the use of an ambulance, the Company will pay the Eligible Expense up to a maximum of \$300 per Sickness for transportation to or from the Hospital.

In-Hospital Doctor's Fees Expense: When the Covered Person's Sickness requires the services of a Doctor, the Company will pay the Eligible Expenses for such services, up to \$64 per visit, limited to one visit per day.

Out-of-Hospital Doctor Fees Expense: When the Covered Person's Sickness requires the services of a Doctor while not confined to a Hospital, the Company will pay the Eligible Expense up to \$125 per visit, limited to one visit per day.

Consultant Fees: The Company will pay the Eligible Expenses, not to exceed \$125 per Sickness for the services of a medical consultant, upon referral by the attending Doctor.

Outpatient Medical Expense: The Company will pay the Eligible Expenses, up to a maximum of \$100 per Sickness (after satisfaction of the Deductible Amount) for Medically Necessary services and supplies for which benefits are not payable under any other provision of the Policy. The Medically Necessary services and supplies must be prescribed by the attending Doctor, and provided on an outpatient basis. (The Deductible Amount for this benefit is \$25 per Sickness if not referred by the Adelphi Health Service Center,

and \$0 if referred by the Adelphi Health Service Center.)

Outpatient Diagnostic X-Ray and Laboratory Expense: After a \$5 co-pay per visit (waived at the Adelphi Health Service Center), the Company will pay Eligible Expenses, up to a maximum of \$300 per Sickness, for outpatient diagnostic X-rays and \$200 per Sickness for laboratory expenses when they have been ordered by the attending Doctor.

Sickness Dental Expense: The Company will pay the Eligible Expenses, up to a maximum of \$50 if a Covered Person is Hospital Confined, or up to a maximum of \$25 for outpatient treatment. Sickness Dental Expense includes charges for the removal of impacted wisdom teeth or the treatment of dental abscesses.

Mental/Nervous Consultant Expense: The Company will pay Eligible Expenses up to a maximum of \$175 for consultation on an outpatient basis by a legally qualified psychiatrist or a licensed psychologist when deemed Medically Necessary.

Maternity Expense Benefit: Eligible Expenses for pregnancy are covered to the same extent that coverage is provided for any other Sickness.

Prescription Drugs Expense: Up to a maximum of \$300 per Sickness for drugs and medicines prescribed by the attending Doctor. There is a \$5 co-pay for Generic Drugs and a \$10 co-pay for Brand-Name Drugs, per prescription (limited to a 30 day supply). The co-pay is waived when the prescription is obtained at Adelphi Health Service Center. Eligible prescriptions will be paid on a reimbursement basis and a claim form will need to be filed per the standard claim procedures.

SUPPLEMENTAL ACCIDENT AND SICKNESS EXPENSE BENEFITS

If the Company has paid \$2,000 of Eligible Expenses for an Accident under the Basic Accident Benefits or \$2,500 of Eligible Expenses for a Sickness under the Basic Sickness Benefits, the Company will pay 80% of additional Eligible Expenses up to an aggregate maximum of \$25,000 per Accident or Sickness.

Eligible Expenses for daily hospital room and board will not be more than the average semi-private room charge or Intensive Care Unit rate if applicable.

**PLAN III
OPTIONAL ENHANCED SUPPLEMENTAL
ACCIDENT AND SICKNESS EXPENSE
BENEFIT**

(IMPORTANT: Only those Covered Persons who have purchased Plan II, the Basic Sickness Benefits, are eligible to purchase the Optional Enhanced Supplemental Accident and Sickness Expense Benefit)

This benefit brings the total Policy maximum per Accident or Sickness to \$50,000.

This benefit may be added to **Plans I and II** by paying an additional premium. Only those enrolled in the **Basic Sickness Benefits and Supplemental Accident and Sickness Expense Benefit (Plan II)** may enroll in the **Optional Enhanced Supplemental Accident and Sickness Expense Benefit**.

**INTERCOLLEGIATE SPORTS
ACCIDENT COVERAGE
(Premium paid by Policyholder)**

If as a result of an Injury sustained during the practice or play of Intercollegiate Sports, a Covered Person incurs Eligible Expenses, the Company will pay 100% of Reasonable and Customary charges for such expenses up to a maximum of \$75,000 per Injury. The first Eligible Expense must be incurred within 60 days after the date of the Accident causing the Injury. The Company will pay for Eligible Expenses which are the direct result of the Accident, and from no other cause, within 104 weeks of the Accident.

**THIS PROGRAM COVERS MANDATED
BENEFITS AS REQUIRED BY THE STATE OF
NEW YORK.**

New York Mandates coverage for the following benefits to be paid as any other Sickness: Biologically based Mental Illness/Serious Emotional Disturbances and Mental and Nervous Disorders; Breast Cancer Treatment; Breast Reconstruction; Clinical Trials Expense;

Outpatient Chemical Abuse and Chemical Dependence; Mammographic Examination; Cytologic Screening; Cancer Second Opinion; Diagnostic Screening for Prostate Cancer; Diabetes Treatment; End of Life Care; Pre-Hospital Medical Emergency Services; Bone Mineral Density Measurements and Tests; and Contraceptive Services. Please see the Policy on file with the University for complete details and any other applicable mandates.

EXTENSION OF BENEFITS. If a Covered Person is confined to a Hospital on the date his or her coverage terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term Eligible Expense, but only while they are incurred during the 31 day period following such termination of insurance, subject to the applicable Maximum Amounts of the Policy.

IN THE EVENT OF PREGNANCY. If a Covered Person is pregnant on the date the Policy terminates and the pregnancy commenced while insured while the Policy was in force, benefits will be payable for Eligible Expenses incurred after the Policy terminates until the earliest of: (a) the date the pregnancy ends; (b) the date the Covered Person becomes insured under another policy; or (c) the date the applicable Maximum Amount is reached.

The Extension of Benefits will apply only to the extent the Covered Person will not be covered under the Policy or any other health insurance policy in the ensuing term of coverage.

EXCLUSIONS

The Policy does not cover nor provide benefits for Accident, Sickness, or treatment of a medical condition arising out of:

1. dental care or treatment, except for such care or treatment due to accidental Injury to sound natural teeth within 12 months of the Accident and except for dental care or treatment necessary due to congenital disease or anomaly.
2. cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows

surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy. This exclusion shall not apply to cosmetic surgery determined, as a result of utilization review and External Review, to be Medically Necessary.

3. suicide, attempted suicide or intentionally self-inflicted Injury or any attempted intentionally self-inflicted Injury.
4. travel as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
5. interscholastic sports.
6. care or treatment provided in a government Hospital; benefits provided under Medicare or other governmental program (except Medicaid).
7. care or treatment for which benefits are provided under any state or Federal Workers' Compensation, employers' liability or Occupational Disease Law.
8. services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
9. any services rendered by a Covered Person's immediate family member.
10. services for which no charge is normally made.
11. for eyeglasses and examination for the prescription or fitting thereof.
12. hearing aids and examination for the prescription or fitting thereof.
13. war or act of war (whether declared or undeclared).
14. service in the Armed Forces or units auxiliary thereto. Upon the Covered Person entering the Armed Forces or units auxiliary thereto of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
15. participation in a felony, riot or insurrection.

16. treatment of alcoholism and substance abuse except as provided under the Policy.
17. treatment of mental or emotional disorders except as provided under the Policy.
18. any care or treatment not related to the treatment of Sickness or Injury.

COORDINATION OF BENEFITS

Benefits for Accidents and Sickness are coordinated with other health insurance the Covered Person may have in force as described in the Policy.

MEDICAL EVACUATION AND REPATRIATION (Applies to Covered Persons who elected to purchase coverage under SECTION II, Basic Sickness Benefits.)

Medical Evacuation: If the Covered Person must be transported to his or her home country or state of origin for continuing medical treatment or a covered Injury or Sickness, the Company will pay expense of such transportation, not to exceed a total of \$25,000 with no Deductible or coinsurance. This benefit will be paid provided: (1) as the result of a covered Injury or Sickness, the Covered Person has been Hospital Confined for a period of at least five consecutive days for which benefits are payable under the Policy; and (2) such evacuation has prior approval of both the attending Doctor and the Company.

International Covered Persons Only – Upon such evacuation, all coverage under the Policy for the Covered Person will terminate.

Repatriation: If the Covered Person dies as the result of a covered Accident or Sickness while insured under the Policy, the Company will pay for Eligible Expenses reasonably incurred to transport his or her body to a mortuary near his or her current place of primary residence. The benefits payable may not exceed a total of \$25,000. This benefit does not pay for the transportation of any person accompanying the body.

CERTIFICATE OF CREDITABLE COVERAGE
Coverage under this plan is "Creditable Coverage" under Federal Law. When coverage

terminates, the Covered Person can request a Certificate of Creditable Coverage, which is evidence of coverage under this plan. In order to obtain a Certificate of Creditable Coverage, please visit our website at www.maksin.com or contact Maksin Management Corp at (877) 775-5430.

TRAVEL ASSIST AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Assist Services 24-hour Assistance Call Center

How to Contact Travel Assist Services:

- * Inside the US and Canada, dial 1-877-249-5362 toll-free.
- * Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a collect call to the USA at 1-715-295-9625.
- * Our fax number is 1-713-974-3422.

When to Contact Travel Assist Services:

- * Call Travel Assist Services when you require medical assistance or have a medical emergency.
- * Call Travel Assist Services for all non-medical situations (lost luggage, lost documents, legal help, etc.).
- * Call Travel Assist Services whenever there is a question.

Travel Assist is available 24-hours-a-day/7-days-a-week/365-days-a-year.

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Assist Services Medical Staff consists of fulltime, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN).

Nursing staff is on-site 24- hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide to Travel Assist Services when you call:

- * Advise Travel Assist Services who you are insured by.
- * Provide your Underwriter Reference number.
- * Advise Travel Assist Services regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Assist needs to call you back.

Description of Services

Information/General: These services include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Assist can also provide information on available currency exchange rates, local Bank/Government holidays, and, by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Assist also provides emergency message storage & relay and translation services.

- * Visa & Immunization
- * Weather & Exchange Rates
- * Environmental & Political Warnings

Technical: These services provide assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Assist can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter en-route emergencies that force them to interrupt their trips.

- * Legal Referral
- * Embassy/Consulate Information
- * Lost/Stolen Luggage & Personal Effects Assistance
- * Lost Document Assistance
- * Cash Transfer Assistance
- * En-route Travel Assistance
- * Claims-related Assistance
- * Telephone Interpretation

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Assist's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains, and insurance/ claims coordination.

Medical Assistance:

- * Medical Referral
- * Out-patient Assistance
- * In-patient Assistance

Medical Transport:

- * Medical Evacuation
- * Repatriation

STUDENT ASSIST SERVICES

Concierge Services: You receive the comforts, care, and attention of Student Assist's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

Personal Security Assistance: You can feel safe and secure with Student Assist's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: www.aig.com/personalsecurity. For initial setup, your login is "9710791" and the password is "security".

CLAIM PROCEDURE

Always keep a copy of all documents submitted for claims.

Written proof of loss and itemized bill(s) must be furnished with your claim within ninety (90) dates after the date of the loss. Failure to do so may result in denial of benefits.

Claims may be filed online by going to www.maksin.com. You may also file by mail by securing a claim form by calling Maksin Management Corp toll free at (877) 775-5430 or by printing a claim form from our website at www.maksin.com.

In the event of an Accident or Sickness, a Covered Person should:

1. If at the University, report immediately to the Adelphi Health Service Center so that proper treatment can be prescribed or approved.
2. If away from the University, consult a Doctor and follow the Doctor's advice. Notify the Adelphi Health Service Center within thirty (30) days after the date of the covered Accident, or commencement of the covered Sickness, or as soon thereafter as is reasonably possible.
3. Staple all your itemized medical and hospital bills to the claim form and mail to:

Maksin Management Corp
P.O. Box 2647
Camden, NJ 08101-2647
Toll Free: (877) 775-5430

Plan Administrator:

Maksin Management Corp
P.O. Box 2647, Camden, NJ 08101-2647
Toll Free: (877) 775-5430

This Plan is Underwritten by:

National Union Fire Insurance Company of
Pittsburgh, Pa.,
With its principal place of business in
New York, NY

Local Agency:

Frank Crystal & Company
Financial Square, 32 Old Slip
New York, NY 10005

At Maksin Management Corp, we value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information, please go to our website at www.maksin.com.

DISCLAIMER: This is only a brief description of the coverage available under policy series S30494NUFIC. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between contents of this document and the Policy, the Policy shall govern in all cases. The Coverage document is on file for review at Adelphia University.

It is the Covered Person's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new Policy Year.