

2010-2011

**Student Accident
and Sickness
Insurance Plan**



STOUT
UNIVERSITY OF WISCONSIN
WISCONSIN'S POLYTECHNIC UNIVERSITY
"the Policyholder"

Menomonie, Wisconsin

Administrator Policy Number: SSH0000221

Underwritten by:
Standard Security Life Insurance Company
of New York
(a New York Stock Life and
Health Insurance Company)

Form #UW-S 10/11

Dear Student:

The UW-Stout Student Association is making available to students and their eligible dependents, an Accident and Sickness Insurance Plan underwritten by Standard Security Life Insurance Company of New York ("the Company"). The coverage is designed to provide benefits for medical expenses arising from an Accident or Sickness including those which occur off campus and during interim vacations.

Participating in the Student Accident and Sickness Insurance Plan is voluntary; however, we encourage you to review your personal situation to determine if you need coverage.

For additional information, students may contact the Servicing Agent:

The Benefit Companies of Chippewa Valley, Inc.
d/b Jeatran Associates, Inc.
1321 Stout Road • Menomonie, WI 54751
715-235-6133 extension 500
gfehr@benefitscv.com

ELIGIBILITY

All undergraduate students taking 3 or more credit hours, all students on Co-op or internship programs, and all graduate students taking credit hours are eligible to enroll in the Student Accident and Sickness Insurance Plan. Students must be physically and actively attending classes on campus to enroll in the Plan. On-line students or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the Plan. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The Servicing Agent should be notified at that time by the student. The Company maintains the right to investigate student status and attendance records to verify that the Policy eligibility requirements have been and continue to be met. If the Company discovers that the Policy eligibility requirements have not been or are not being met, its only obligation is to refund premium, less any claims paid. A Covered Student must meet the eligibility requirements each time he or she pays premium to continue insurance coverage.

Covered Students may enroll their legal spouse and/or dependent children (unmarried children under age 23 who are not self-supporting and residing with the Covered Student). Newborn Children: A child born to a Covered Student is automatically covered from the moment of birth until such child is 31 days old. Coverage for such child will be for Sickness and Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care. However, the Covered Student must enroll the child within 31 days of such birth and pay the required additional premium in order to have coverage for the newborn child continue, beyond such 31 days period.

OPEN ENROLLMENT PERIOD

Eligible students and their dependents may enroll in the plan prior to the enrollment period deadline date for each term of coverage below:

Annual and First Installment deadline date:	10-15-2010
Spring/Summer Term deadline date:	02-16-2011
Second Installment deadline date:	03-31-2011
Summer Term deadline date:	06-30-2011

No enrollment form will be accepted outside of the open enrollment period. The only exceptions are the following qualifying events: (1) within 31 days of the date of ineligibility under another Creditable Plan; or (2) within 31 days of marriage, birth or adoption. Proof of the qualifying event must be submitted with the request for enrollment.

ENROLLMENT PROCEDURES

Eligible Students and their Dependents may enroll online at:

www.maksin.com/UWstout.aspx
OR

You may enroll by mail by returning your completed Enrollment Form, with your credit card information or check made payable to Standard Security Life Insurance Company of New York, to:
Jeatran Associates

1321 Stout Road, Menomonie, WI 54751
Return your completed Enrollment Form to the above named office. Do not send elsewhere.

An Enrollment Form may be obtained from Jeatran Associates or download online at: www.maksin.com/UWstout.aspx

PREMIUM RATES:

	Annual 9-01-10 – 8-31-11	2 Installments 9-01-10 – 2-28-11 3-01-11 – 8-31-11	Spring/Summer 1-15-11 – 8-31-11	Summer 6-01-11 – 8-31-11
Student	\$1,248.00	\$ 624.00	\$ 803.00	\$ 312.00
Student & Spouse	\$4,992.00	\$2,496.00	\$3,213.00	\$1,248.00
Student & Spouse & Child(ren)	\$7,488.00	\$3,744.00	\$4,818.00	\$1,872.00
Student & Child(ren)	\$4,176.00	\$2,088.00	\$2,688.00	\$1,044.00

DEFINITIONS

“Accident” means an occurrence which (a) is unforeseen; (b) is not due to or contributed to by Sickness or disease of any kind; and (c) causes Injury.

“Allowable Charges” means the charges agreed to by the Preferred Provider Organization for specified covered medical treatment, services and supplies.

“Covered Person” means a Covered Student while coverage under the Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

“Covered Student” means a student of the Policyholder who is insured under the Policy.

“Elective Treatment” means medical treatment, which is not necessitated by a pathological change in the function or structure in any part of the body, occurring after the Covered Person’s effective date of coverage.

Elective treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction unless as a result of mastectomy; sexual re-assignment surgery; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; botox injections; treatment of infertility and routine physical examinations.

“Eligible Expense” as used herein means a charge for any treatment, service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; (c) is the negotiated rate, if any and (d) incurred while the Policy is in force as to the Covered Person.

“Emergency Medical Condition” means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: (a) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to such person’s bodily functions; or (c) serious dysfunction of any bodily organ or part of such person.

“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.

“Pre-Existing Condition” means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the Covered Person's effective date of coverage under the Policy or a pregnancy existing on the Covered Person's effective date of Coverage under the Policy.

“Reasonable and Customary (R&C)” 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.

“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.

CERTIFICATE OF CREDITABLE COVERAGE

Coverage under the Policy is “Creditable Coverage” under Federal Law. When coverage terminates, the Covered Person can request a Certificate of Coverage that is evidence of coverage under the Policy. The Covered Person may need such a certificate if he or she becomes covered under a group health plan or other health plan within 63 days after the coverage under the Policy terminates. If the subsequent health plan excludes or limits coverage for medical conditions the Covered Person had before enrolling, this Certificate may be used to reduce or eliminate those exclusions or limitations. In order to obtain a Certificate of Creditable Coverage, please contact Maksin Management Corp, PO Box 2647, Camden, NJ 08101-2647 or call 1-877-775-5430.

COORDINATION OF BENEFITS

The Company will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which a Covered Person is enrolled shall not exceed 100% of the Reasonable and Customary Charges for covered services.

PREFERRED PROVIDER NETWORK

The University has contracted with HealthEOS, a regional Preferred Provider Network and MultiPlan, a national Preferred Provider Network, to provide a discount for services received from physicians and hospitals participating in these networks. To take advantage of this discount in your area, please use a HealthEOS or MultiPlan provider. In the Basic Injury and Sickness Benefits schedule of this brochure, benefits will be paid at the percentage shown for the PPO Allowable when a HealthEOS or MultiPlan provider is used and the percentage shown for the R & C charges when a non-network provider is used (Note: Mental & Nervous Disorders/ Substance Abuse will be paid according to Mandated Benefits). Please confirm your provider is a member of the HealthEOS or MultiPlan network prior to receiving services. A directory listing of these participating providers is available on the HealthEOS and MultiPlan website links accessible at: www.maksin.com/UWstout.aspx

CONTINUOUSLY INSURED

Continuously insured means a person has been continuously insured under the Policy and prior Student Health Insurance policies issued to the school. Persons who have remained continuously insured will be covered for conditions first manifesting themselves while continuously insured except for Expenses payable under prior policies in the absence of the current Policy. Previously insured Dependents and students must re-enroll for coverage in order to avoid a break in coverage within 30 days of the end of the prior coverage to maintain coverage for conditions which existed in prior Policy Years. Once a break in continuous insurance occurs, the definition of Pre-Existing Condition will apply in determining coverage of any condition which existed during such break.

PRE-EXISTING CONDITIONS:

Pre-existing Conditions are not covered for the first 12 months following a Covered Person's effective date of coverage under the Policy. This limitation will not apply if:

- (a) the Covered Person has been covered under the Policyholder's prior Policy for 12 consecutive months immediately preceding the effective date of coverage under the current Policy; or
- (b) the individual seeking coverage under the Policy has an aggregate of 12 months of Creditable Coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior Creditable Coverage. Credit will be given for the time the individual was covered under the prior Creditable Coverage; and
- (c) the individual's most recent prior Creditable Coverage was under an employer group plan; and
- (d) the individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

CREDIT FOR PRIOR COVERAGE: A Covered Person whose coverage under prior Creditable Coverage ended no more than 63 days before the Covered Person's effective date under the Policy, will have any applicable Pre-Existing

Condition limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break.

Creditable Coverage means coverage under any of the following:

- (a) Any individual or group policy, contract or program, that is written or administered by a disability insurance company, health care service plan, fraternal benefits society, self-insured employee plan, or any other entity, and that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans. The term includes continuation or conversion coverage, but does not include accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of workers' compensation or a similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;
- (b) The federal Medicare Program pursuant to Title XVIII of the Social Security Act;
- (c) The Medicaid program pursuant to Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
- (d) Chapter 55 of Title 10, United States Code, the Civilian Health and Medical Program of the Uniformed Services;
- (e) a medical care program of the Indian Health Service or of a tribal organization;
- (f) a state health benefits risk pool;
- (g) a health plan offered under chapter 89 of Title 5, United States Code, the Federal Employees Health Benefits Program;
- (h) a public health plan as defined by federal regulations; or
- (i) a health benefit plan under section 5(e) of the Peace Corps Act.

MAJOR MEDICAL BENEFITS

After satisfying a \$750 Deductible per Injury or Sickness, the Company will pay benefits for Eligible Expenses as allocated below in the Schedule of Benefits up to a maximum of \$15,000 per Injury or Sickness. After \$15,000 per Injury or Sickness has been paid, the Company will then pay 100% of the Allowable Charge for Eligible Expenses In-Network or 90% of R&C for Eligible Expenses Out-of-Network up to a Lifetime Aggregate Maximum Benefit of \$250,000 per Injury or Sickness.

SCHEDULE OF BENEFITS

INPATIENT	IN-NETWORK	OUT-OF-NETWORK
Hospital Room and Board, up to the average semi-private room rate	80% of Allowable Charges	70% of R&C
Hospital Miscellaneous, includes expenses incurred for anesthesia and operating room; laboratory tests and X-rays (including professional fees); oxygen tent; drugs (excluding take-home drugs), medicines, dressings; and other Medically Necessary and prescribed hospital expenses.	80% of Allowable Charges	70% of R&C
Pre-Admission Testing (Hospital Confinement must occur within 5 days of the admission)	80% of Allowable Charges	70% of R&C
Private Duty Nursing rendered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) provided such care is Medically Necessary.	80% of Allowable Charges	70% of R&C
Physiotherapy	80% of Allowable Charges	70% of R&C
Surgical Expense	80% of Allowable Charges	70% of R&C
Assistant Surgeon	80% of Allowable Charges	70% of R&C
Anesthesia	80% of Allowable Charges	70% of R&C
Doctor's Fees Expense, limited to one visit per day. No benefits will be paid under this coverage for Eligible Expenses incurred on the date surgery is performed.	80% of Allowable Charges	70% of R&C
OUTPATIENT		
Day Surgery Facility/Miscellaneous, when scheduled surgery is performed in a Hospital or outpatient facility, including the use of the operating room, laboratory tests and x-ray examinations (including professional fees), anesthesia, infusion therapy, drugs or medicines and supplies, therapeutic services (excluding Physiotherapy or take home drugs and medicines).	80% of Allowable Charges	70% of R&C
Surgical Expense, includes Assistant Surgeon	80% of Allowable Charges	70% of R&C
Anesthesia	80% of Allowable Charges	70% of R&C
Hospital Emergency Room/Non-Scheduled Surgery, for use of hospital emergency room, including attending doctor's charges, operating room, laboratory and x-ray examinations, supplies.	100% of Allowable Charges up to \$500* (in- and out-of-network combined) after a \$50 copay per visit (waived if admitted), thereafter 80% of Allowable Charges	90% of R&C up to \$500* (in- and out-of-network combined) after a \$50 copay per visit (waived if admitted), thereafter 70% of R&C
*The Deductible amount does not apply to the first \$500 paid under this benefit.		
Laboratory, X-ray Examinations, CAT Scan and MRI Expenses	100% of Allowable Charges up to \$400* (in- and out-of-network combined), thereafter 80% of Allowable Charges	90% of R&C up to \$400* (in- and out-of-network combined), thereafter 70% of R&C
*The Deductible amount does not apply to the first \$400 paid under this benefit.		
Radiation Therapy and Chemotherapy	80% of Allowable Charges	70% of R&C
Physiotherapy	Included in Doctor's Fees Expense	Included in Doctor' Fees Expense

OUTPATIENT, continued

Doctor's Fees Expense, no benefits will be paid under this coverage for Eligible Expenses incurred on the date surgery is performed.

Per Sickness

*The Deductible amount does not apply to the first 2 visits under this benefit.

Per Injury

*The Deductible amount does not apply to the first \$200 paid under this benefit.

Outpatient Prescription Drug Expense, limited to a 30 day supply. However obtained, all outpatient prescription drugs are subject to the outpatient prescription drug expense maximum. The Deductible amount does not apply to this benefit.

IN-NETWORK

100% of Allowable Charges up to \$100 per visit up to 2 visits* (in- and out-of-network combined), thereafter 80% of Allowable Charges

100% of Allowable Charges up to \$200* (in- and out-of-network combined), thereafter 80% of Allowable Charges

100% of Allowable Charges up to \$600 (in- and out-of-network combined) after a \$15 copay per prescription

OUT-OF-NETWORK

90% of R&C up to \$100 per visit up to 2 visits*, (in- and out-of-network combined), thereafter 70% of R&C

90% of R&C up to \$200* (in- and out-of-network combined), thereafter 70% of R&C

100% of R&C up to \$600 (in- and out-of-network combined) after a \$15 copay per prescription

OTHER

Durable Medical Equipment and Orthopedic Appliance
Consultant's Fees Expense, when requested by the attending doctor

80% of Allowable Charges
80% of Allowable Charges

70% of R&C
70% of R&C

Ambulance, ground service only

80% of Allowable Charges

70% of R&C

Dental Treatment, for removal of impacted wisdom teeth or root canal (in lieu of all other benefits) and Injury to sound natural teeth only (does not include biting or chewing injuries). The Deductible amount does not apply to this benefit.

100% of Allowable Charges up to \$100 per tooth (in- and out-of-network combined)

90% of R&C up to \$100 per tooth (in- and out-of-network combined)

Elective Abortion

The Deductible amount does not apply to this benefit.

100% of Allowable Charges up to \$500 (in- and out-of-network combined)

90% of R&C up to \$500 (in- and out-of-network combined)

Motor Vehicle Injuries

Paid the same as any other Injury

Paid the same as any other Injury

Maternity and Complications of Pregnancy

Paid the same as any other Sickness

Paid the same as any other Sickness

EXCLUSIONS

The Policy does not cover nor provide benefits for loss or expenses incurred:

1. as a result of dental treatment, or dental x-rays except as provided elsewhere in the Policy.
2. for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Service fee.
3. for eye examinations, eyeglasses, contact lenses, or prescription for such or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. Eye refraction is not covered.
4. for hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process.
5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.
6. for Injury or Sickness resulting from war or act of war, declared or undeclared.
7. as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces 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.
9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. for preventive treatment, testing, medicines, serums, vaccines, or vitamins except as specifically provided in the Policy.
12. as a result of committing or attempting to commit an assault or felony or participation in a felony, riot, illegal occupation, insurrection or civil commotion.
13. for Elective Treatment or elective surgery.
14. after the date insurance terminates for a Covered Person.
15. for any services rendered by a Covered Person's immediate family member.
16. for a treatment, service or supply which is not Medically Necessary.
17. as a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
18. for treatment of Mental or Nervous Disorders except as specifically provided in the Policy.
19. for the treatment of alcoholism or substance abuse except as specifically provided in the Policy.
20. for outpatient prescription drugs except as specifically provided in the Policy.
21. for surgery and/or treatment of: acne; gynecomastia; allergy testing; biofeedback-type services; breast implants or breast reduction unless Medically Necessary

following a mastectomy; circumcision; deviated nasal septum, including submucous resection and/or other surgical correction thereof except for purulent sinusitis; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; hair growth or removal; impotence, organic or otherwise; learning disabilities; premarital examinations; sexual reassignment surgery and related therapy; sleep disorders, including supplies, treatment and testing thereof; tubal ligation; vasectomy; alopecia; and weight reduction.

22. for routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, well-baby care and related Doctor charges, except as specifically provided for in the Policy.
23. for any period of care designed to help a Covered Person in the activities of daily living not requiring continuous attention by trained medical or paramedical personnel. Such care may involve: preparation of special diet; supervision over medication that can be self-administered; and assisting the person getting in or out of bed, walking, bathing, dressing, eating and using the toilet.
24. for organ transplants.
25. for elective abortions in excess of \$500.
26. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from interscholastic or intercollegiate sports activity, including travel to and from the activity and practice.
27. for treatment, services, drugs, device, procedures or supplies that are experimental or investigational.
28. for treatment, service or supply for which a charge would not have been made in the absence of insurance.

STATE MANDATED BENEFITS

The plan will pay benefits for the items below in accordance with any applicable Wisconsin law. Benefits may be subject to deductibles, coinsurance, limitations, and exclusions of the Policy.

Description of these Additional Benefits can be found in the Master Policy on file at the University. Treatment of Alcoholism, Drug Addiction or Mental or Nervous Disorders is limited to benefits for:

INPATIENT CARE—the lesser of 100% of Eligible Expenses for the first 30 days of hospital confinement; or 90% of the first \$7,000 of Eligible Expenses.

OUTPATIENT CARE—a maximum of 90% of the first \$2,000 of Eligible Expenses.

TRANSITIONAL TREATMENT—a maximum of 90% of the first \$3,000 of covered charges.

The mandated benefits overall Policy Year maximum for each Covered Person for inpatient, outpatient and transitional treatment is \$7,000.

Other benefits include: Kidney Disease Treatment; Diabetes Treatment; Home Health Care; Skilled Nursing Home Confinements; Dependent Children Maternity Coverage; Mammogram Coverage; Lead Poisoning Screening; HIV Drugs; TMJ; Breast Reconstruction; and Dental Care Treatment.

CLAIM FILING PROCEDURES

Claims forms can be accepted directly from providers if the claim form includes the name of the Covered Person, name of school under which the Covered Student is insured, identification number, date of services, diagnosis, treatment procedure and billed charges. Proof of loss must be furnished within 90 days after the date of such loss.

Submit claims forms to:

Maksin Management Corp

PO Box 2647

Camden, NJ 08101-2647

Customer Service Toll-Free Telephone:

1-877-775-5430

Questions regarding benefits, specific claim information and periods of coverage should be directed to the address or Customer Service phone number listed above.

TRAVEL GUARD SERVICES

(Travel Guard is not underwritten by Standard Security Life Insurance Company of New York)

This program provides protection while you travel. The program is administered by Travel Guard. It provides 24-hour assistance whenever you are traveling more than 100 miles away from home or school. Services include emergency medical evacuation and repatriation of remains. For additional information on Travel Assist please visit:

www.maksin.com/UWstout.aspx

NON-RENEWABLE ONE YEAR TERM INSURANCE

The Policy is non-renewable one year term insurance. Similar coverage may be purchased for the following academic year. It is the Covered Student'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.

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 privacy information, please access our website at: www.maksin.com

This brochure is only a brief description of the coverage available under policy form GP-SSL-COL-WI-08. The Policy may contain definitions, reductions, limitations, exclusions and termination provisions, some of which may not be included in this brochure. Full details of the coverage are contained in the Policy on file at the University. If any discrepancy exists between the contents of this brochure and the Policy, the Policy will govern in all cases.

