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# STUDENT SELECT

## Affordable Health Insurance For College Students

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### Tuition, books, rent, food, fun . . . health insurance?

With all the things you have to pay for in college, paying for health insurance is probably last on your list. But what's last on your list could be the first thing to put you at serious financial risk. Think about this – if you're currently without health insurance, just one knee injury could cost you up to \$12,000\*.

That's why Fortis Health created Student Select – renewable, individual health insurance for college students of all ages. If you are an undergraduate with nine or more credits or a full-time graduate student, and are attending an accredited college or university, you are eligible for Student Select, up to age 63.

Student Select is ideal if you find yourself in one of the following situations:

- **Are you no longer eligible for coverage under your parents' health plan?** Many health plans only cover you up to age 19-23, or they require you to have more college credit hours than Student Select.
- **Does your college or university require coverage but you find the college-sponsored plan inadequate?** Many college or university plans offer "bare bones" benefits that may not be enough to give you financial security against large, unexpected expenses.
- **Do you attend school outside an HMO or PPO region?** Restrictions on coverage outside HMO or PPO service areas may leave you with inadequate protection.
- **Is your current health coverage too expensive?** Traditionally, individual major medical plans cost two to three times as much as Student Select. The cost to include a student on an employer's health plan as a dependent can also be very expensive.

### Here's How Student Select Works

- You choose the deductible that best meets your needs and budget:  
\$250, \$500, \$1000, \$2500
- Since this plan is not an HMO or PPO, you pick your doctors and hospitals.
- If you change schools, take a semester off or have to leave school, Student Select travels with you. And, because Student Select is guaranteed renewable, you can keep your coverage for as long as it's needed, as long as you pay your premiums.

*\*Based on an average 1997 Fortis Health Student Select claim.*

### Benefits are paid as follows:

**First:** You pay your calendar year deductible.

**Then:** Once your deductible is satisfied, Fortis Health pays 80% of the next \$10,000 of covered expenses.

**Thereafter:** Fortis Health pays 100% of your remaining covered expenses up to \$100,000 for each illness or injury. Your total plan maximum is \$1 million.

### Plan Highlights

- Up to \$1 million protection, \$100,000 per illness or injury
- Freedom to choose your own doctors and hospitals
- Semi-private room and board
- Office visits
- Emergency care
- Surgery
- In-hospital and outpatient services
- X-ray and laboratory services
- Home health care
- Ground or air ambulance service
- Medical equipment and supplies
- Intensive care
- Medical evacuation benefit

### Plan Exclusions

It is important to understand that Student Select is not designed to pay for injuries and illnesses that existed prior to your policy effective date. Expenses for these pre-existing conditions incurred during the first 12 months of the policy are not covered in most states. Student Select also does not cover normal pregnancy or childbirth; sterilization, treatment for infertility, genetic testing or counseling; weight reduction or weight control programs and related surgery; medication to stimulate growth; dental treatment; routine physical exams and immunizations; removal of tonsils or adenoids; custodial care; mental illness or substance abuse; intercollegiate sports injuries; prescription drugs; free services; intentionally self-inflicted injury; cosmetic treatment or surgery; hearing aids, contact lenses, eyeglasses, eye exams; and charges incurred outside the United States, its possessions or Canada. Other exclusions as well as other covered services are listed in detail in the policy or certificate you will receive when you purchase Student Select.

### Money Back Guarantee!

If you are not 100 percent satisfied with the plan, you may return the contract within 10 days of delivery for a full refund. No questions asked!

**About This Brochure:** *This brochure provides a brief description of the important features of this plan. This is not the insurance contract. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated through a rider attached to your plan.*

## School Factor Table

If your ZIP code is not specifically listed, use the factor to the right of the state.

State/ZIP code	School Factor	State/ZIP code	School Factor
Alabama	1.0	Missouri	0.8
350-352	1.2	630-633	1.1
Arizona	1.0	640-641	1.0
850-853	1.2	Montana	0.8
Arkansas	0.7	Nebraska	0.7
716-723	0.9	681	0.8
California	1.9	Nevada	1.2
900-905, 962-966	2.7	889-891	1.4
906-918	2.3	New Hampshire	0.9
919-925, 950-958	1.5	New Jersey	1.5
929-939	1.7	New Mexico	0.9
959-961	1.1	New York	2.3
Colorado	0.9	North Carolina	0.8
Connecticut	1.3	North Dakota	0.7
060-063, 066-067	1.2	Ohio	0.7
Delaware	1.0	436, 445-447	0.8
District of Columbia	1.2	440-444	0.9
Florida	1.6	Oklahoma	1.0
323-325	1.3	730, 732, 734-740	0.9
330-333, 340	2.3	742-749	0.8
Georgia	1.3	Oregon	0.7
304-319	1.2	Pennsylvania	1.1
Idaho	0.9	160-179	1.0
Illinois	0.9	189-190, 193-194	1.3
600-608	1.4	191-192	1.5
620-623	1.0	Rhode Island	1.2
Indiana	0.8	South Carolina	0.9
462-468	0.9	South Dakota	0.7
Iowa	0.7	Tennessee	0.9
Kansas	0.9	Texas	1.1
660-662	1.1	750-753	1.3
Kentucky	0.8	754-763	1.0
400-402, 407-422	0.9	764-769, 778-782	0.9
Louisiana	1.2	786-799	0.9
Maine	0.8	770-777	1.4
038	0.9	783-785	1.2
Maryland	1.1	Utah	0.9
203, 212	1.2	Virginia	0.8
215-219	0.9	201	1.2
Massachusetts	0.9	220-223	1.1
010-103, 025-027, 055	0.9	224, 232-237	0.9
014-018	1.0	Washington	0.7
019-024	1.2	West Virginia	1.0
Michigan	0.7	Wisconsin	0.6
480-483	1.1	499	0.7
484-487	0.8	530-534, 537	0.8
Minnesota	0.8	Wyoming	0.9
Mississippi	1.0		

## Base Rate Chart

Age	Payment Mode	Deductible			
		250	500	1000	2500
17-29	Annual	\$770	\$620	\$480	\$360
	Semi-Annual	\$400	\$320	\$250	\$190
30-39*	Annual	\$1110	\$890	\$720	\$560
	Semi-Annual	\$580	\$460	\$370	\$290

\*If you have any questions, are over age 39, or would like to confirm your rate through our automated help line, call 1-800-341-3534.

**Rates are effective March 1, 2001 through February 28, 2002**

## Premium Calculation Instructions

- Enter the Base Rate for the student's age, payment mode, and deductible from the Base Rate Chart above. \$ \_\_\_\_\_
- Refer to the School Factor Table. Enter the School Factor for the school's state and 3-digit ZIP code. \_\_\_\_\_
- Multiply the Base Rate from Step 1 by the School Factor from Step 2. **This is the total premium due.** Enter this amount on the application. \$ \_\_\_\_\_  
Premium Due
- Make your check or money order payable to Fortis Insurance Company.** MasterCard, VISA and Discover payments are accepted.

## A Powerful Force Working For You

Fortis Health provides solutions for customers' health care needs by offering a wide array of individual, small group and specialty health insurance products. The specialty medical products include college student insurance and a market-leading short term medical plan. Fortis Health includes health insurance products issued and underwritten by Fortis Insurance Company, John Alden Life Insurance Company and Fortis Benefits Insurance Company. Fortis Health is based in Milwaukee, WI.

Fortis Health is part of Fortis, Inc., a financial services company that, through its operating companies and affiliates, provides specialty insurance and investment products to businesses, associations, financial service organizations and individuals in the U.S. Fortis, Inc. is part of the international Fortis group, which operates in the fields of insurance, banking and investments. Fortis is jointly owned by Fortis (NL) N.V. of The Netherlands and Fortis (B) of Belgium.

## Apply Now!

Applying for Student Select is easy!

- Complete all information, sign and date the application. Below are a few tips:
  - "Send All Correspondence To:" The contract, identification cards, premium notices, and other correspondence will be sent to the address indicated in this box. If you would like the policy and ID cards sent to a different address, please attach a note with instructions.
  - Clearly indicate the school's ZIP code.

- Please provide the phone number of a person to be contacted should we have questions concerning your application.

- Calculate the premium for the coverage of your choice. Refer to the Premium Calculation Instructions Section.
- Detach the application, mail it with your payment to the address listed on the envelope or Fortis Health, P.O. Box 3176, Milwaukee, WI 53201-3176.

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MAIL COMPLETED APPLICATION and CHECK (or Credit Card Payment) to:  
Health of America Ins. Agency 2901 S Wayzata Blvd Minneapolis, MN 55405

### STUDENT SELECT APPLICATION

#### FORTIS INSURANCE COMPANY

501 W. Michigan • Milwaukee, WI 53203 • (414) 271-3011



REQUESTED EFFECTIVE DATE	
<input type="checkbox"/> Day following postmark	<input type="checkbox"/> Later effective date: _____ / _____ / _____ Mo. Day Yr.

COVERAGE WILL NOT BE ISSUED TO ANY PERSON WHO IS ELIGIBLE FOR MEDICARE.

(Note: Effective Dates of the 29th, 30th and 31st of the month are not available.)

STUDENT NAME (Print Last, First, Middle)		SEX	BIRTHDATE (M-D-Y)	SOC. SEC. #
			- -	- -
INDICATE THE STATE WHERE THE STUDENT WILL LIVE WHILE ATTENDING SCHOOL:				
SEND ALL CORRESPONDENCE TO: (Print Name, Street Address, City, State, ZIP)			PHONE #	
			( ) -	
SCHOOL ATTENDING	LOCATION OF SCHOOL (Print City, State, ZIP)			
STUDENT STATUS: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate			ANTICIPATED GRADUATION DATE (Month, Year)	
<p><b>Answer the following question completely and accurately.</b> Is the student enrolled in a state accredited college or university as: a) an undergraduate student taking 9 or more credit hours; or b) a full-time graduate student? <input type="checkbox"/> Yes <input type="checkbox"/> No (Credit hours earned through home study, correspondence and television courses do not apply toward the credit hour requirements.)</p> <p><b>Note:</b> If NO is answered on the above question, coverage cannot be issued.</p>				
<b>Deductible Amount</b>		<b>Payment Mode</b>		<b>Total Premium</b>
<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500		<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual		
I have read or have had read to me the completed application and declare that the information shown on it is true and complete. I understand that if any information stated in this application is incorrect, coverage can be voided. I further understand that the plan applied for will not provide benefits on account of any Preexisting Condition until one year after the Effective Date.				
_____ Applicant's Signature			_____ Date Signed	
TO BE COMPLETED BY AGENT:				
1.800.868.2333		Rick Roach		714640 0002
Agent Name (Please Print)		Agent Number		Date Completed

Form 20716

If student is 18 years of age or older, student must sign the application.

**NOTE TO AGENT:** Indicate the state of permanent residence if different than the state where the student will live while attending school. \_\_\_\_\_

<b>For Credit Card Payment:</b>	
Credit Card No. _____	Expiration Date ____/____
I authorize Fortis Insurance Company to charge the above credit card account for the premium listed above.	
Signature _____	Date _____