

# Student Security Plan



## Group Limited Benefit Hospital Indemnity Insurance

Flexible payment options  
Prescription drug discount card  
Easy enrollment

# SMITH

Established in 1973  
[www.ejsmith.com](http://www.ejsmith.com)  
847-564-3660



Student Security Plan is underwritten by Transamerica Life Insurance Company and marketed exclusively by E.J. Smith & Associates, Inc.

Available to schools adopting the Student Security Group Insurance Trust, Located in Washington, DC.

GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE



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When the insured receives services for a covered Accident or Sickness under the policy, the Company will pay indemnity benefits subject to limits specified in the policy.

A charge will be considered incurred on the date the service is performed. The benefit payable for Covered Charges will be determined by the plan level in effect at the time each charge is incurred.



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INDEMNITY BENEFITS		Plan I	Plan II
Daily In-Hospital Indemnity Benefit		\$150 per Day, 31 Days max per Confinement	\$400 per Day, 31 Days max per Confinement
Additional Benefits			
Outpatient Physician Office Visit Indemnity Benefit		\$30 per Day, 10 Days max	\$50 per Day, 10 Days max
Outpatient Diagnostic Laboratory Test Indemnity Benefit		\$20 per Day, 2 Days max	\$35 per Day, 2 Days max
Outpatient Select Diagnostic Indemnity Benefit		\$100 per Day, 1 Day max	\$175 per Day, 1 Day max
Outpatient Advanced Studies Diagnostic Test Indemnity Benefit		\$400 per Day,1 Day max	\$700 per Day, 1 Day max
Hospital Confinement Indemnity Benefit		\$500 per Day, 1 Day max	\$1,000 per Day, 1 Day max
Wellness Indemnity Benefit		\$150 per Day, 1 Day max	\$200 per Day, 1 Day max
Emergency Room Sickness Indemnity Benefit		\$100 per Day, 2 Days max	\$250 per Day, 2 Days max
Surgical and Anesthesia Indemnity Benefit	Inpatient Surgery	\$300 per Day, 1 Day max	\$800 per Day, 1 Day max
	Outpatient Surgery	\$150 per Day, 1 Day max	\$400 per Day, 1 Day max
	Outpatient Minor Surgery	\$30 per Day, 1 Day max	\$80 per Day, 1 Day max
	Anesthesia Percentage	20%	20%
Off-the-Job Accidental Injury Indemnity Benefit		\$100	\$200
Inpatient Mental & Nervous Disorder Indemnity Benefit		\$150	\$400
Inpatient Drug & Alcohol Addiction Indemnity Benefit		\$150	\$400
Ambulance Indemnity Benefit		\$100	\$250
Additional Optional Coverages			
Group Term Life with Accidental Death & Dismemberment Rider - Student / Spouse / Child(ren) (Life Only)		\$10,000 / \$5,000 / \$2,500	\$10,000 / \$5,000 / \$2,500
Non-Insurance Discount Programs			
Prescription Drug Discount Card offered by ProCare		Included	Included
Student Discount Card offered by New Benefits, Ltd.		Included	Included
PPO Network offered by WebTPA		Included	Included

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT

Please visit [www.ejsmith.com](http://www.ejsmith.com) for the most up-to-date information related to this insurance policy.

PREMIUM

It is the Student's responsibility to make payments on the due dates, whether or not a billing statement is received. If a check is returned by a bank for insufficient funds, improper endorsement, account closed, etc., the Student must pay an additional service charge of \$25 and submit a money order or a certified check for the premium. If payment is not received within 31 days of the due date, coverage will terminate.

Monthly Premium Rates			
Persons Insured	Student's Age	Plan I	Plan 2
Student Only	Under 25	\$27	\$68
	25-34	\$38	\$95
	35-44	\$48	\$138
	Over 45	\$69	\$252
Student and Spouse	Under 25	\$102	\$235
	25-34	\$112	\$258
	35-44	\$121	\$302
	Over 45	\$141	\$402
Student and Child(ren)	Under 25	\$88	\$198
	25-34	\$102	\$225
	35-44	\$110	\$253
	Over 45	\$125	\$362
Student and Family	Under 25	\$158	\$365
	25-34	\$176	\$390
	35-44	\$185	\$422
	Over 45	\$199	\$521

To pay by credit card, complete the authorization form at: [www.ejsmith.com/student-security-plan/](http://www.ejsmith.com/student-security-plan/)



This insurance is available to Domestic Students (US Citizens) and their Dependents



We regret that International Students are not eligible.

FOUR MONTH PREMIUM PAYMENT IS DUE WITH PURCHASE. SUBSEQUENT PAYMENTS MUST BE A MINIMUM OF FOUR MONTHS.

Rates include insurance premiums and administrative fees for continuation, enrollment and materials.

How do I enroll for insurance?

See page 9 for Enrollment Instructions and page 10 for Enrollment Form.

When does my insurance effective date begin?

Your insurance becomes effective on the first day of the month. You may select the current month if your completed Enrollment Form and the correct premium (U.S. funds) are received by the administrator during that month. You may select a future month if noted on the Enrollment Form. Coverage for a newborn Child of an Insured will become effective from birth. To continue insurance you must notify the Plan Administrator and pay any additional premium within 31 days of birth.



Am I eligible for insurance?

- Any full or part-time Student who is registered and attending a participating college or university is eligible to enroll.
- **International students are not eligible to enroll.**
- Your spouse and your dependent Children up to age 25 (who rely on the Student for support and maintenance and reside in the United States) are also eligible, if you enroll.
- The limiting age does not apply to mentally or physically disabled children.
- The attendance requirement will be waived for a four month period if immediately following a covered four month period, provided the Student remains registered at a college or university in the United States. This means that you may maintain your insurance during the summer or any other four month absence. You may also continue your insurance for a period of eight months immediately following graduation.

When does my insurance terminate?

- Insurance will terminate on the *earliest* of the following dates:
- a. The date you cease to be eligible for coverage.
  - b. The end of the period for which premium has been paid, unless payment is made within 30 days.
  - c. The date your college or university no longer participates in the trust.
  - d. The date the master policy terminates.
  - e. If an Insured is Totally Disabled on the date their insurance under the Policy terminates, benefits will be extended for 90 days for treatment of the Injury or Sickness that caused the Total Disability.



## DEFINITIONS

**Daily In-Hospital Indemnity Benefit** - Pays benefits per day of hospital confinement, up to the annual maximum.

**Outpatient Physician's Office Visit Indemnity Benefit** - Pays each day a covered person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness, up to the annual maximum days listed.

**Outpatient Diagnostic Laboratory Test Indemnity Benefit** - Pays each day a covered person undergoes an outpatient lab test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. Does not include tests covered under any other rider.

**Outpatient Select Diagnostic Test Indemnity Benefit** - Pays each day a covered person undergoes an outpatient X-ray, ultrasound, EEG or sleep study performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.

**Outpatient Advanced Studies Diagnostic Test Indemnity Benefit** - Pays each day a covered person undergoes an outpatient CT scan, MRI, myelogram, PET, angiogram, arteriogram or thallium stress test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.

**Hospital Confinement Indemnity Benefit** - Pays each day over 23 hours a covered person is confined to a hospital (not emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness, maximum of 1 day per confinement, up to the annual maximum days listed.

**Wellness Indemnity Benefit** - Pays each day a covered person undergoes a physical exam or stress test or specific health screening tests as defined in the policy, up to the annual maximum days listed. Includes four days for children 0-12 mos. and two days for children 12- 24 mos. for well baby exams.

## DEFINITIONS

**Emergency Room Sickness Benefit** - Pays each day a covered person receives treatment in the emergency room for sickness, up to the annual maximum days listed.

**Surgical and Anesthesia Indemnity Benefit** - Pays each day a covered person undergoes surgery under the surgery category indicated in the policy. The percentage listed is also paid if anesthesia is administered.

**Off-the-Job Accidental Injury Indemnity Benefit** - Pays each day a covered person requires x-rays or receives treatment by a physician within 96 hours of a covered accident.

**Inpatient Mental & Nervous Disorder Indemnity Benefit** - Pays each day a covered person is confined on an inpatient basis to a hospital or mental health facility as the result of a mental or nervous disorder. Annual maximum of 31 Days, lifetime maximum 60 Days.

**Inpatient Drug & Alcohol Addiction Indemnity Benefit** - Pays each day a covered person is confined on an inpatient basis to a hospital or residential treatment facility as the result of drug or alcohol addiction. Annual maximum of 31 Days, lifetime maximum 60 Days.

**Ambulance Indemnity Benefit** - Pays each day a covered person receives licensed ambulance transportation within 96 hours of a covered accident or onset of sickness. Air ambulance pays three times the amount.



## DEFINITIONS

### Additional Optional Benefit

**Group Term Life Insurance Policy with Accidental Death and Dismemberment Rider (AD&D)** - This policy pays the benefit amount shown on the benefit page upon the death of the insured. The AD&D coverage is available to the Student and Spouse only and the amount will match the amount of group term life insurance. Under the AD&D Rider, when a covered accident results in loss of life or dismemberment, benefits are paid for the specified percentages of the coverage amount subject to any limitations and exclusions. Refer to your Policy and Rider for complete details.

### Non-Insurance Discount Programs:

**ProCare Rx** - By presenting the prescription drug discount card to one of the participating providers, an insured can receive a savings of at least 14% on retail pharmacy prices for brand-name drugs and up to 60% for generic drugs.

**New Benefits Discount Card** - Access to a discount vision plan, a nurses' hotline, counseling services and benefits for hearing aids. New Benefits Discount Card is provided by New Benefits, Ltd (Dallas, TX).

**The MultiPlan Network** - Allows an insured access to the MultiPlan's Network which is comprised of more than 4,000 hospitals, nearly 100,000 ancillary facilities and 550,000 health care professionals. A member's PPO savings continue even after Student Security Plan benefits have been exhausted. The MultiPlan Network is offered by Multiplan, Inc. (New York, NY)



## EXCLUSIONS AND LIMITATIONS GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE

Group Limited Benefit Hospital Indemnity Insurance contains certain limitations and exclusions, which are listed in the policy. It is important to fully understand the limitations and exclusions. No benefits will be payable as the result of:

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid;
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
- participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- committing, attempting to commit or taking part in a felony, or assault, or engaging in an illegal occupation;
- participation in an organized contest of speed, parachuting, parasailing, bungee jumping or hang gliding;
- air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
- the reversal of tubal ligation or vasectomy;
- artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician's services, unless required by law;
- any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
- air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- routine eye examinations or fitting of eye glasses;
- hearing aids or fitting of hearing aids;



**EXCLUSIONS AND LIMITATIONS**  
**GROUP LIMITED BENEFIT HOSPITAL INDEMNITY**  
**INSURANCE**

- dental examinations or dental care other than expenses resulting from an accident;
- care or treatment of an accident or sickness not specifically provided for in the plan;
- with respect to the Off-the-Job Accidental Injury Benefit only, charges that the insured is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
- treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.

**Pre-Existing Condition Limitation**

Pre-Existing Conditions will not be covered during the first 12 months after the Effective Date. A pre-existing condition is a sickness or physical condition for which the insured had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician, during the 12-month period immediately before the Effective Date of the Covered Person's coverage. Pre-existing condition will also include a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care, or treatment.

**Termination**

Your insurance will cease on the earliest of:

1. The last day of the period during which you cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Policy terminates; or
4. The last day of the period during which you terminate membership.

The insurance on a Dependent will cease on the earliest of:

1. The date your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date the Policy is modified so as to exclude Dependent coverage. We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

**Extension of Benefits**

Whenever termination of coverage under this section occurs due to termination of your membership, such termination will be without prejudice to any Hospital Confinement which commenced while coverage was in force, with respect to Daily In-Hospital Indemnity Benefits; or any covered treatment or service for which benefits would be provided and which commenced while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or Disabled. Such Extension of Benefits will continue for up to the earlier of 30 days; or the date on which the Covered Person is no longer Disabled.

**EXCLUSIONS AND LIMITATIONS**

**Group Term Life Insurance Policy with AD&D Rider**

**Age Reduction Schedule**

Death benefits automatically reduce to the following percentages, or flat amount, on the Group Master Policy Anniversary date that follows the applicable birthday, as follows:

<b>Birthday</b>	<b>Death Benefit Payable</b>
65th	65% of pre-age 65 death benefit
70th	50% of pre-age 65 death benefit
75th	25% of pre-age 65 death benefit
80th	The lesser of \$5,000 or 25% of pre-age 65 death benefit

This is a brief summary of Group Term Life Insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa 52499. Policy form series CP100200 and CC100400; Rider form series CR101100. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

**Exclusions - Group Term Life Insurance Policy**

Suicide Exclusion: We will not pay a death benefit if an insured dies by suicide, while sane or insane, within two years of the date his or her insurance starts. If the insured or his or her spouse die by suicide, we will refund the premiums paid for the insurance. If a dependent child dies by suicide, we will refund the premiums paid for the dependent children's insurance only if there are no surviving insured dependent children. If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

**Exclusions - AD&D Rider**

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid;
- commission of or attempt to commit an assault or felony;
- sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the state where the accident occurs, except as prescribed by a doctor;
- any poison or gas voluntarily taken, administered, absorbed or inhaled (except in the course of employment);
- flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft;
- any bacterial or viral infection;
- declared or undeclared war, or any act of war; and
- taking part in an insurrection.

This Rider stops on the Student's 70th Birthday.

How do I enroll in Hospital Indemnity Insurance?

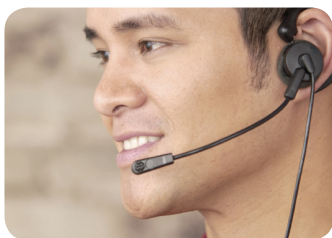
- 1. Read the brochure carefully.
- 2. Complete the Enrollment Form on the following page. Please print all of the information legibly. Complete the Enrollment Form for only the initial period in which you enroll for the school year. Additional Enrollment Forms can also be found on our website.
- 3. The premiums for the Student Security Plan are based on the Student's age. There are four categories of premium based on the Student's age group. In applying for coverage, be sure to choose the premium for your correct age group. Students who also apply for spouse coverage will still pay rates based on the Student's age and not the spouse's age.
- 4. Determine the amount of monthly premium due from the chart on page three and multiply by the number of months requested (four months minimum). You will be billed for subsequent periods. However, you may pay for more than the four month minimum.

- 5. Payment Options  
To pay by check or money order make payable to:  
Transamerica Life Insurance Company (U.S. Funds Only)  
  
To pay by credit card:  
Go to [www.ejsmith.com/student-security-plan/](http://www.ejsmith.com/student-security-plan/) for an authorization form.



- 6. Mail the Enrollment Form and your check, money order or credit card authorization form to:

**SMITH**  
E.J. Smith and Associates, Inc.  
P.O. Box 7216  
Libertyville, IL 60048  
Phone: 847-564-3660  
Fax: 847-564-3069  
[www.ejsmith.com](http://www.ejsmith.com)



**ENROLLMENT FORM**  
Please read instructions on page 11 carefully and print all information legibly.

Student's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Billing Address: \_\_\_\_\_  
(Street Address) (Apt. #)  
\_\_\_\_\_  
(City, State, ZIP)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Email Address)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month/Day/Year)

Social Security Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Who Are You Enrolling?  
☐ Student Only ☐ Student & Spouse  
☐ Student & Child(ren) ☐ Student & Family

Dependent Information:

_____ (Spouses' or Child's name)	_____ (Social Security Number)	_____ (Sex)	_____ (Date of Birth)
_____ (Child's name)	_____ (Social Security Number)	_____ (Sex)	_____ (Date of Birth)
_____ (Child's name)	_____ (Social Security Number)	_____ (Sex)	_____ (Date of Birth)
_____ (Child's name)	_____ (Social Security Number)	_____ (Sex)	_____ (Date of Birth)

What Benefit Plan Are You Applying For?  
☐ Plan I ☐ Plan II

Coverage Start Date: \_\_\_\_\_  
(Month/Year)

Number of Months Being Paid For: \_\_\_\_\_

Premium Due: \$ \_\_\_\_\_

Is anyone proposed for coverage covered by any Title XIX program (such as, Medicaid)? ☐ Yes ☐ No

If yes, list names who will be excluded from coverage.  
\_\_\_\_\_

I verify that I am a registered Student of the above named school and I understand that my eligibility may be subject to verification by the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **POLICIES AND IDENTIFICATION CARDS**

You will receive a certificate of insurance, which includes all policy provisions, an identification card and a claim form.

## **VERIFICATION OF INSURANCE**

Coverage may be verified by either calling the Plan Administrator or the Insurance Company.

## **CLAIMS**

In the event of a claim, please use the claim form included with your a certificate of insurance, or you can obtain a claim form from your College or University Student Health Service, or by contacting:

**Web TPA**  
**PO Box 310**  
**Grapevine, TX 76099**  
**Member Services: 866-975-4641**  
or visit our website: [www.ejsmith.com](http://www.ejsmith.com)

**THIS IS NOT A CONTINUATION OR RENEWAL OF ANY PRIOR POLICY ISSUED TO THE POLICYHOLDER.**

**This brochure is intended as a brief description of the insurance being offered. Please refer to Master Policy and your certificate for details of benefits and provisions.**

## **PLAN ADMINISTRATOR**

The Student Security Plan is marketed by:  
E.J. Smith & Associates, Inc. / E.J. Smith Insurance Agency

1517 Virginia Avenue  
Libertyville, IL 60048  
Phone: 847-564-3660  
Fax: 847-564-3069  
[www.ejsmith.com](http://www.ejsmith.com)

The Student Security Plan is administered by:  
Web-TPA, Grapevine, Texas 76099

The Hospital Indemnity Insurance is underwritten by:  
Transamerica Life Insurance Company, Cedar Rapids, Iowa



# **NOTES**



# Student Security Plan



## Group Limited Benefit Hospital Indemnity Insurance

Flexible payment options  
Prescription drug discount card  
Easy enrollment

**EBD CMSSP 1213**

# SMITH

**Established in 1973**

**[www.ejsmith.com](http://www.ejsmith.com)**

**847-564-3660**



**See Details Inside**  
**(Enrollment Form Enclosed)**