



STUDENT SELECT

Affordable Health Insurance For College Students

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. You must be a full-time student for a minimum of 31 days following the effective date of your policy.

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.

*Based on an average 2001 Fortis Health Student Select claim.

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.
- For additional savings - You can reduce your medical bills by using the doctors and hospitals participating in

PHCS Healthy Directions. Simply call PHCS 1-800-357-6847 or visit them on the web at www.phcs.com, click on the Healthy Directions icon to verify that your doctor or hospital is part of the PHCS Network. Then present your medical identification card with the PHCS logo on it at time of service and your provider will bill you at the reduced PPO network rate for services.

- If you change schools, take a semester off or have to leave school, Student Select travels with you. And, because Student Select is renewable, you can keep your coverage for as long as it's needed.

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.

Premium Refunds

If you are not 100 percent satisfied with the plan, you may return the contract and identification cards within 10 days of delivery for a premium 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 all other factor.

State/ZIP Code	School Factor	State/ZIP Code	School Factor
Alabama		Minnesota	0.80
350-352	1.20	Mississippi	1.00
All others	1.00	Missouri	
Alaska	2.30	630-633	1.10
Arizona		640-641	1.00
850-853	1.20	All others	0.80
All others	1.00	Montana	0.80
Arkansas		Nebraska	
716-723	0.90	681	0.80
All others	0.70	All others	0.70
California		Nevada	
900-905, 962-966	2.70	889-891	1.40
906-918	2.30	All others	1.20
919-925, 950-958	1.50	New Hampshire	0.90
929-939	1.70	New Jersey	1.50
959-961	1.10	New Mexico	0.90
All others	1.90	New York	2.30
Colorado	0.90	North Carolina	0.80
Connecticut		North Dakota	0.64
060-063, 066-067	1.20	Ohio	
All others	1.30	436, 445-447	0.80
Delaware	1.00	440-444	0.90
D.C.	1.20	All others	0.70
Florida		Oklahoma	
323-325	1.30	730, 732-740	0.90
330-333, 340	2.30	742-749	0.80
All others	1.60	All others	1.00
Georgia		Oregon	0.90
304-319, 398	1.20	Pennsylvania	
All others	1.30	160-179	1.00
Idaho	0.90	189-190, 193-194	1.30
Illinois		191-192	1.50
600-608	1.40	All others	1.10
620-623	1.00	Rhode Island	1.20
All others	0.90	South Carolina	0.90
Indiana		South Dakota	0.70
462-468	0.90	Tennessee	0.90
All others	0.80	Texas	
Iowa	0.70	750-753	1.30
Kansas		739, 754-763	1.00
660-662	1.10	764-769, 778-782	0.90
All others	0.90	786-799	0.90
Kentucky	1.00	770-777	1.40
Louisiana	1.20	783-785	1.20
Maine		All others	1.10
038	0.90	Utah	0.90
All others	0.80	Vermont	0.90
Maryland		Virginia	
203, 212	1.20	201	1.20
215-219	0.90	203, 220-223	1.10
All others	1.10	224, 232-237	0.90
Massachusetts		All others	0.80
010-013, 025-027, 055	0.90	Washington	0.70
014-018	1.00	West Virginia	1.00
019-024	1.20	Wisconsin	
All others	0.90	499	0.70
Michigan		530-534, 537	0.80
480-483	1.10	All others	0.60
484-487	0.80	Wyoming	0.90
All others	0.70	States not listed	2.30

Base Rate Chart

Age	Payment Mode	Deductible			
		250	500	1000	2500
17-29	Annual	\$890.00	\$710.00	\$550.00	\$410.00
	Semi-Annual	462.80	369.20	286.00	213.20
30-39	Annual	\$1280.00	\$1020.00	\$830.00	\$640.00
	Semi-Annual	665.60	530.40	431.60	332.80

* 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 September 1, 2002

If you are a resident of one of the following states - ask your agent for the brochure appropriate for that state OR call Fortis Health to obtain the correct brochure.

Georgia	Louisiana	South Carolina
Idaho	Minnesota	Utah
Indiana	Mississippi	Washington
Kentucky	Oregon	

Student Select is not available in the following states. If you are a resident of one of these states and also attending school in the state, please contact your agent to obtain information about other Health insurance available to you.

Maine	New Jersey	Rhode Island
Massachusetts	New York	Vermont
New Hampshire		

Premium Calculation Instructions

- Enter the Base Rate for the student's age, payment mode, and deductible from the Base Rate Chart. \$ _____
- Refer to the School Factor Table. Enter the School Factor for the school's state and 3-digit ZIP code. X _____
- Multiply the Base Rate from Step 1 by the School Factor from Step 2. = _____
- Add \$20 application fee + \$20.00
- This is the total due. Enter this amount on the application = _____
Total
- 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. Specialty products include college student insurance and a market-leading short term medical plan. Fortis Health includes health insurance products underwritten and issued by Fortis Benefits Insurance Company, Fortis Insurance Company and John Alden Life Insurance Company. Fortis Health is based in Milwaukee, WI.

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Find Fortis Health on the internet at www.fortishealth.com

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Apply Now!

Applying for Student Select is easy!

1. 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.
2. Calculate the premium for the coverage of your choice. Refer to the Premium Calculation Instructions Section.
 3. Detach the application and mail it with your payment to: Fortis Health, P.O. Box 3176, Milwaukee, WI 53201-3176.

Rates are effective September 1, 2002

STUDENT SELECT APPLICATION

FORTIS INSURANCE COMPANY

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



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

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

(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>Answer the following question completely and accurately. 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.) Note: If NO is answered on the above question, coverage cannot be issued.</p>			
Deductible Amount		Payment Mode	
<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	
		Total	
<p>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.</p>			
_____ Applicant's Signature		_____ Date Signed	
TO BE COMPLETED BY AGENT:			
_____ 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.

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