

**QUESTIONS & ANSWERS REGARDING
EDUCATION/TRAINING STUDENT ACCIDENT COVERAGE
8/26/2011- 8/26/2012**

- Q. What does Excess Coverage mean vs Primary Coverage?
- A Primary policy will pay regardless if student has other insurance while an Excess policy will pay over and above what the Primary policy paid. For example, if student was billed by hospital \$350 and their primary policy paid \$200, the National Union Excess policy will reimburse the student \$150.
- Q. What if student does not have any other insurance?
- National Union will pay claim in the same manner as if the coverage was on a Primary basis
- Q. What if the student has a deductible under their other insurance?
- National Union will reimburse the student for any deductible under their other policy
- Q. What if the student has a co-insurance under their other insurance?
- National Union will reimburse the student for any co-insurance under their other insurance

NEW CLAIMS PROCEDURES

- Q. Who is Fringe Benefits Coordinators, Inc.?
- They are the Third Party Administrator who handles the claims on behalf of National Union.
- Q. How will claim be filed?
- New claims form effective 8/26/11 are available on the Fringe Benefits website under Forms: <http://www.fbc-inc.com/>. Go into FL Colleges & select National Union Claim Form 2011-2012. Follow instructions on how to complete this form, print, have signed and forward to Fringe Benefits (address, etc on claims form). Please note the students Social Security # should be shown on claim form.
- Q. What is an EOB?
- This is an Explanation of Benefits form which is furnished to the student from their other insurance company outlining what they paid and what they did not pay. This form is then sent to Fringe Benefits so they can determine how much additional funds are due the student.

NEW CLAIMS PROCEDURES CONTINUED

Q. Please explain the flow of a claim

- Once an injury has occurred under the Student Accident coverage:
 - Go to website above and complete claims form, print, have signed and forward to Fringe Benefits
 - If student has other insurance, they must file with their other insurance company
 - When student receives EOB from other carrier, they must forward to Fringe Benefits
 - DO NOT WAIT UNTIL EOB IS RECEIVED FROM OTHER CARRIER TO SUBMIT CLAIM FORM TO FRINGE BENEFITS, AS THE CLAIM MUST BE SUBMITTED TO FRINGE BENEFITS WITHIN 30 DAYS OF FIRST TREATMENT TO AVOID THE CLAIM BEING DENIED.

Q. What if we have a death claim?

- Please follow instructions above EXCEPT forward claim to FCSRMC, 4500 NW 27th Avenue, Suite D2 Gainesville, FL 32606 Attn: Barbara Ellison or Roger Hatfield OR fax to Barbara Ellison or Roger Hatfield @ 352-955-2069 or email Barbara Ellison @ bellison@fcsrmc.com or Roger Hatfield @ rhathfield@fcsrmc.com as we will forward claim directly to National Union for handling.

National Union Fire Insurance Co of Pittsburgh, Pa
 Mail claims to:
 Fringe Benefit Coordinators Inc.
 P.O. Box 5249
 Gainesville, FL 32627-5249
 Telephone (800) 654-1452 Fax Number (352) 372-9805

PROOF OF LOSS

NAME OF GROUP: Florida College System Risk Management Consortium
 POLICY NUMBER: SRG0009125112

SPECIAL RISK ACCIDENT CLAIM FORM

INSTRUCTIONS:

- 1.) You must have SECTION A fully completed by a designated official of the Policyholder.
- 2.) SECTION B is to be completed, signed and dated by the student or parent/guardian of student, if student is a minor.
- 3.) Attach itemized bills for all medical expenses being claimed including the claimant's name, condition being treated (diagnosis), description of services, date of service(s) and the charge made for each service. PLEASE MAIL OR FAX COMPLETED FORM AND BILLS TO ABOVE ADDRESS.

EXCESS PLAN: Eligible covered expenses will be determined after benefits have been paid by other valid and collectible insurance. You must submit your claim to your other insurance company first. When you receive their Benefit Statement (EOB) send it to us along with the itemized bills. If you have no other insurance coverage, benefits will be paid on a Primary basis up to the policy maximum. Benefits for eligible expenses will be paid per policy terms.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the Insurance contract.

SECTION A - MUST BE COMPLETED AND SIGNED BY A DESIGNATED REPRESENTATIVE OF THE POLICYHOLDER

COLLEGE NAME:

STUDENT'S FULL NAME (PLEASE PRINT CLEARLY OR TYPE) SOCIAL SECURITY NUMBER DATE OF BIRTH DAYTIME TELEPHONE NUMBER OR EMAIL ADDRESS ()

DATE COVERAGE BEGAN 8/26/11 DATE AND TIME OF ACCIDENT NAME OF INSTRUCTOR
 DATE COVERAGE WILL END/HAS ENDED 8/26/12

NATURE OF INJURY (DESCRIBE FULLY, INCLUDING WHICH PART OF BODY WAS INJURED.) DESCRIBE HOW AND WHERE ACCIDENT OCCURRED

PROGRAM NAME DID ACCIDENT OCCUR:
 A. WHILE CLAIMANT WAS SUPERVISED YES NO
 B. DURING SPONSORED ACTIVITY YES NO
 INDICATE THE CLASS (IF APPLICABLE) C. DURING PROGRAMMED HOURS YES NO
 D. WHILE TRAVELING TO OR FROM REGULARLY SCHEDULED ACTIVITY IN A SUPERVISED GROUP YES NO

COLLEGE REPRESENTATIVE (PLEASE PRINT OR TYPE) TITLE DAYTIME TELEPHONE NUMBER OR EMAIL ADDRESS ()

SIGNATURE OF COLLEGE REPRESENTATIVE DATE

SECTION B - MUST BE COMPLETED BY THE STUDENT OR PARENT/GUARDIAN IF STUDENT IS A MINOR

IS STUDENT COVERED UNDER ANY OTHER HEALTH INSURANCE POLICY? YES NO

IF YES, NAME, ADDRESS, AND PHONE # OF OTHER INSURANCE COMPANIES UNDER WHICH STUDENT IS INSURED: POLICY #/ACCOUNT #

IF STUDENT IS A MINOR, NAME OF STUDENT'S GUARDIAN/RELATIONSHIP TO CLAIMANT

ADDRESS OF STUDENT (IF STUDENT IS A MINOR, NAME AND ADDRESS OF STUDENT'S GUARDIAN) GUARDIAN'S EMAIL ADDRESS

NAME/ADDRESS/TELEPHONE # OF EMPLOYER (IF STUDENT IS A MINOR, GUARDIAN'S EMPLOYER) EMPLOYER'S DAYTIME TELEPHONE # ()

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the group policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.
 I authorize payment of medical benefits to the physician or supplier for service performed. YES NO

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the subject motor vehicle or stated claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For claimants not residing in California, New York, or Pennsylvania: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURE OF STUDENT OR PARENT/ GUARDIAN

DATE

STUDENT ACCIDENT (EDUCATION/TRAINING)

Summary of Coverage:

- This is a fully insured program underwritten by National Union Fire Insurance Company of Pittsburg, PA. This policy provides coverage for registered students in the named education/training courses on file with National Union while the student is:
 - Participating in college courses, labs or clinical training :
 - Sponsored by the college; and
 - On the premises designated and supervised by the College; or
 - On the premises used for classes, labs or clinical training as designated by the college; or
 - Traveling with a group in connection with the activities under the direct supervision of the college
- Once the course or program of study ends, coverage ends. The policy does not provide for any returning students who wishes to take agility tests, re-certifications, etc. unless they are enrolled in a class.
- Student must incur first medical expense within 26 weeks after the accident for coverage to apply for Accident Medical Benefit
- Accidental Death Benefit and Accidental Dismemberment Benefit—loss of life or limb (per policy) must occur within 365 days after the date of accident
- The college has no deductible
- The policy provides limits of:
 - Accident Medical Expense Maximum \$15,000
including Dental without sublimit (this is effective 8/26/10)
 - Accidental Death Principal Sum \$25,000
 - Accidental Dismemberment Principal Sum \$25,000
 - Benefit Period 104 Weeks
- This policy provides EXCESS coverage – any coverage available to the student would be primary.

Claims reporting:

- College must file Accident-Incident report to the Consortium indicating at the top of the form "Student Accident Claim-National Union form sent directly to Fringe Benefits Coordinators".
- Complete National Union Claims Form within 30 days of date of injury to comply with policy provisions (these forms can be found on Fringe Benefits Coordinators website: www.fbc-inc.com). Forward the National Union Claims Form to Fringe Benefits Coordinators, Inc. along with any medical bills or other supporting documentation. Fringe Benefits Coordinators, Inc., 1239 NW 10th Avenue, Gainesville, FL 32601 (Fringe Benefits handles the claims on behalf of National Union) THE STUDENT'S SOCIAL SECURITY # IS NOW REQUIRED ON THE CLAIMS FORM DUE TO GOVERNMENT REQUIREMENTS.

Example of claim: Student suffers a laceration requiring medical attention while participating in a clinical experience as part of his/her education/training coursework.

Summary of Coverage

National Union Fire Insurance Company of Pittsburgh, PA.
Executive Offices: 176 Water Street, New York, NY 10038
(A capital stock company, herein referred to as the Company)

Policyholder: Member Colleges of Florida Community Colleges Risk Management Consortium
Policy Effective Date: August 26, 2011
Policy Expiration Date: August 26, 2012
Policy Number: SRG 000 9125112

This document provides only a brief description of coverage provided to eligible persons of the Policyholder while participating in Covered Activities. A Certificate of Coverage is on file and available for your review with the Policyholder and provides full details of the plan's terms, conditions, limitations and exclusions.

INSURED PERSON: You are covered under the policy during the policy dates if you are an active registered student, whose name is on file with the policyholder.

Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for your coverage is paid; or (3) the date you become a member of an eligible class of persons of the policyholder.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the end of the period for which premiums have been paid; or (3) the date you cease to be a member of an eligible class of persons of the policyholder.

COVERED ACTIVITY(ies): You are covered under the policy while you are participating in scheduled, sponsored and supervised on campus College courses, labs or clinical training or held at policyholder approved off-site premises; and while traveling under the supervision of the policyholder as a group directly to or from such activities. A Covered Activity does not include Dorm Room or participating in any team sport or any other athletic activity, except participation in a Covered Activity.

BENEFIT SCHEDULE

Accidental Death Benefit: Principal Sum amount: \$25,000.00 *
Accidental Dismemberment Benefit: Principal Sum amount: \$25,000.00 *

* Subject to the Policy Reduction Schedule on file with the Policyholder

Accidental Death Benefit. If you suffer an Injury that results in death within 365 days of the date of the accident that caused the Injury, the Company will pay you 100% of the Principal Sum amount.

Accidental Dismemberment Benefit. If you suffer an Injury that results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum amount shown below for that Loss:

Table with 2 columns: For Loss of, Percentage of Principal Sum amount. Rows include: Both Hands or Both Feet (100%), Slight of Both Eyes (100%), One Hand and One Foot (100%), One Hand and the Slight of One Eye (100%), One Foot and the Slight of One Eye (100%), Speech and Hearing in Both Ears (100%), One Hand or One Foot (50%), The Slight of One Eye (50%), Speech or Hearing in Both Ears (50%), Thumb and Index Finger of Same Hand (25%).

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of slight of an eye means total and Irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and Irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and Irrecoverable loss of the entire ability to speak. "Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If you sustain more than one Loss as a result of the same accident, only one amount, the largest, will be paid.

Injury - means bodily Injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the Injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Excess Only - Accident Medical Expense Benefit: Maximum amount: \$15,000.00 *
Deductible amount: None
Dental: Included in the Accident Medical Expense Benefit

* Subject to the Excess Benefits Rider and Subrogation And Right of Recovery Endorsement on file with the policyholder

Accident Medical Expense benefits are payable only in excess of expenses payable under any other valid and collectible insurance.

Accident Medical Expense Benefit. If you suffer an Injury that, within 180 days of the date of the accident that caused the Injury, requires you to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services

received due to that injury, up to the Maximum Amount per person for all injuries caused by the same accident. This benefit is payable only for such charges incurred within 104 weeks after the date of the accident causing the injury.

Covered Accident Medical Services(s) – means any of the following services: (1) Hospital semi-private room and board (or room and board in an intensive care unit; Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); use of an Ambulatory Medical Center; (2) services of a Physician or a registered nurse (R.N.); (3) ambulance service to or from a Hospital; (4) laboratory tests; (5) radiological procedures; (6) anesthetics and the administration of anesthetics; (7) blood, blood products and artificial blood products, and the transfusion thereof; (8) physical therapy and occupational therapy; (9) rental of Durable Medical Equipment; (10) artificial limbs, artificial eyes or other prosthetic appliances; or (11) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

In addition to the general exclusions, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following: (1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because injury has caused further impairment in the underlying bodily condition; (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of injury up to the Dental Maximum shown in the Benefit Schedule; (3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because injury has caused further impairment of sight; (4) new hearing aids or hearing examinations unless injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because injury has caused further impairment of hearing; (5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may but is not required to, choose to consider such purchase as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; (7) any condition for which you are paid benefits under any Workers' Compensation Act or similar law.

Medically Necessary – means that a Covered Accident Medical Service is: (1) essential for diagnosis, treatment or care of the injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) – means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

GENERAL EXCLUSIONS:

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury: (1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or autoeroticism; (2) sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these; (3) your commission of or attempt to commit a felony; (4) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes; (5) declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy; (6) participation in any team sport or any other athletic activity, except participation in a Covered Activity; (7) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which you are not covered due to your active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); (8) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are: (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the policyholder or your employer; (9) being under the influence of intoxicants; (10) being under the influence of drugs unless taken under the advice of and as specified by a Physician; (11) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment; (12) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; (13) any condition for which you are paid benefits under any Workers' Compensation Act or similar law; (14) riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground; or (15) any loss incurred while outside the United States, its Territories or Canada.

CLAIMS PROCEDURES.

All claims should be reported to the Company as soon as possible at the following phone number or be in writing to the following address:

Fringe Benefit Coordinators, Inc.
1239 NW 10th Avenue, Gainesville, FL 32601
Toll Free: 1-800-654-1462; Telephone: (352) 377-1239; Fax: (352) 372-9805

Provide the policy number (SRG 0009125112) and any applicable documentation and details describing the nature of the loss. Upon receipt of this information, the Company will provide you with the necessary claim forms for completion. Claim payments will be made immediately upon receipt of written proof of loss, except with regard to periodic claim payments. Claim payments will be made to you, except death claims which will be made, in equal shares, to the survivors in the first surviving class of those that follow: your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is your estate. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

IMPORTANT: If any conflict should arise between the contents of this Summary of Coverage and the Master Policy, (SRG 000 9125112), or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.