



STUDENT SELECT

Affordable Health Insurance
For College Students

MISSISSIPPI

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 Time Insurance Company created Student Select — renewable, individual health insurance for college students.

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 actual Assurant Health Student Select claim.

Who's Eligible for Student Select?

To be eligible for Student Select coverage, you must be:

- A healthy full-time* college student under the age of 30.
- A student attending a state-accredited college or university. (The college or university must be listed in the Higher Education Directory.)
- A student who maintains full-time status for a minimum of 31 days following the effective date of the policy.

*Full-time is defined as an undergraduate student taking nine or more college credits or a full-time graduate student.

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 use the doctors and hospitals participating in PHCS Healthy Directions. Simply call PHCS at 1-800-357-6847 or visit them on the web at www.phcs.com to verify that your doctor or hospital is part of the PHCS Network. When using the web, click on "Find a Provider," then "Start New Search." Under Step #2, choose "Healthy Directions/Access Advantage" from the drop down menu.
- 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 the deductible is satisfied, Time Insurance Company pays 80% of the next \$10,000 of covered expenses.

THEREAFTER: Time Insurance Company pays 100% of remaining covered expenses up \$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 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.

Apply Now!

Applying for Student Select is easy!

- Complete all information, sign and date the application. Below are a few tips:
 - The box labeled "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.
- Make check payable to: Assurant Health or provide all digits and the expiration date of your credit card.
- Detach the application, mail it with your payment to your agent or:

Assurant Health
P. O. Box 3176
Milwaukee, WI 53201-3176

About Assurant Health

In business since 1892, Assurant Health provides health insurance coverage for more than one million people nationwide. Assurant Health develops and provides a wide range of individual medical, small group, short term and student health insurance products, as well as non-insurance products. Assurant Health also provides consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wis., with operations offices in Minnesota, Idaho, and Florida, and sales offices across the country. Assurant Health markets products underwritten by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. The Assurant Health Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, which offers specialized insurance products and related services in North America and selected other markets.

Its four key business units – Assurant Employee Benefits, Assurant Health, Assurant Preneed and Assurant Solutions – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty market segments in the U.S. and selected international markets.

Assurant is traded on the New York Stock Exchange under the symbol AIZ. The Assurant Web site is www.assurant.com.

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!

Rates are effective October 15, 2005

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 products available to you.

Hawaii	Montana	New York
Maine	New Hampshire	Rhode Island
Massachusetts	New Jersey	Vermont

Premium Calculation Instructions

- Enter the Rate for the student's age, payment mode, and deductible from the Rate Chart below. \$ _____
Total

This is the total due. Enter this amount on the application

- Make your check or money order payable to Assurant Health. MasterCard and VISA payments are accepted.



Mississippi Rate Chart

Age	Payment Mode	Deductible			
		\$250	\$500	\$1,000	\$2,500
17-24	Annual	\$1,725.00	\$1,110.00	\$860.00	\$674.00
	Semi-Annual	897.00	577.20	447.20	350.48
25-29	Annual	\$2,225.00	\$1,231.00	\$904.00	\$674.00
	Semi-Annual	1,157.00	640.12	470.08	350.48

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

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.

Assurant Health markets products underwritten by Time Insurance Company.

Application For Student Select Medical Plan

Mississippi

REQUESTED EFFECTIVE DATE Note: Effective Dates of the 29th, 30th and 31st of the month are not available. <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.

Student Name (Print Last, First, Middle)		Birthdate (M-D-Y) - - - -	Soc. Sec. # - - - -
Indicate the state where the student will live while attending school:		Sex <input type="checkbox"/> F <input type="checkbox"/> M	Daytime Phone # () -
Send all correspondence to: (Print Name, Street Address, City, State, ZIP)		Billing Address: (Print Name, Street Address, City, State, ZIP)	
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)	Type of Degree

Answer the following questions completely and accurately.

- Are you 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? Yes No
(Credit hours earned through home study, correspondence and television courses do not apply.)
- Have you been declined for insurance due to health reasons? Yes No
- In the past 12 months, have you either been recommended to have or been scheduled for diagnostic testing, treatment, or surgery that has not been completed? Yes No
- Within the last five 5 years, have you received any tests or medical treatment, or surgical treatment, or consulted a physician, or taken medication for: Yes No
 - heart disorder including heart attack or chest pain
 - stroke
 - diabetes
 - stomach or duodenal ulcer or ulcer symptoms or colitis or Crohn's disease
 - uncorrected gall bladder disease or gallstones
 - kidney disease
 - cancer, tumor or internal cyst
 - immune system disorder including acquired immune deficiency syndrome (AIDS) or tested positive for HIV
 - alcoholism or alcohol abuse
 - chemical dependency or drug abuse

Note: If NO is answered to question 1, or if YES is answered on questions 2-4, coverage cannot be issued.

Deductible Amount <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500	Per Illness/Injury Maximum \$100,000	Payment Mode <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Lifetime Maximum \$1,000,000	Total Premium
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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 pre-existing condition until one year after the Effective Date, unless provided under state mandate.

Applicant's Signature (if over 18 years old). If under 18, parent or legal guardian's signature _____ Date Signed _____
FORM 25678

TO BE COMPLETED BY AGENT:

Agent's Name _____ Agent Number _____ Date Completed _____
Agent's Signature _____ Form 25678

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. _____

For Credit Card Payment: Credit Card No. _____ Expiration Date ____/____
I authorize Assurant Health to charge the above credit card account for the premium listed above.

Signature _____ Date _____