

### Who is a tuition payer?

The tuition payer is the person who has paid all or a portion of, and is contractually responsible for paying, the tuition and fees, is the natural or legal guardian of the covered student and resides with him or her. The tuition payer's legal spouse, who resides with them, is also included in the plan.

### Effective and termination dates

Coverage will become effective on the first day of school, or the date we receive the complete enrollment form and payment of premium, whichever is later. All coverage ends on the last day of the school year.

### Exclusions & limitations

This plan does not provide benefits for withdrawals which are a result of any of the following: sickness or accident which first occurred before the effective date; failure to attend classes or sessions for any reason that is not covered by the plan; change in enrollment status; early graduation or completion of classes; war including undeclared or civil war; suicide or intentional, self-inflicted injury or sickness; fear of contagious disease or epidemic, except as provided by the epidemic closure benefit; induction or draft into the armed forces (when a covered person enters such armed forces, the plan will refund the unearned premium); catastrophic event of any kind that results in partial or complete closure of the school; a disability due to participation in a riot; commission of or attempt to commit a felony; seizure destruction of property by order of governmental authority which results in partial or complete closure of the school; dishonest acts committed by the school or any staff member of the school, whether acting alone or in collusion with others.

### Claims Information

In the event your student must withdraw, please contact your school's business office to obtain a claim form. Notice of a claim must be reported within 30 days of the date of your student's withdrawal from school. Benefits will be paid directly to the school. Any amounts in excess of tuition or fees owed will be refunded.

Underwritten by:



Glen Allen, VA 23060

**Local Administrator**  
**Perry & Carroll, Inc.**  
**100 West Church Street**  
**PO Box 307**  
**Elmira, NY 14902**  
**(607) 734-4291**

The Plan is administered by:



**INSURANCE SALES & SERVICE**

5001 Genesee Street  
Buffalo, NY 14225

In Erie County (716) 684-6000

Outside Erie County (800) 444-5530

www.niagaranational.com

EMAIL: [nninfo@niagaranational.com](mailto:nninfo@niagaranational.com)



# 2009-2010 Blanket Tuition Refund Insurance Plan

*Designed for the  
Students of:*



*One Park Place  
Elmira, NY 14901*

Policy #4702AH200335

# The Tuition Refund Insurance Plan

Dear Parent/Student

Elmira College is pleased to offer you the opportunity to purchase tuition refund insurance.

This policy provides protection for you by reimbursing all or a portion of your tuition as a result of certain covered events. Room & board, along with activity fees, are not included. This plan will provide protection for the tuition payer in the event of medically necessary withdrawal from Elmira College; death of the student or tuition payer; or epidemic closure of the college. Details of this coverage are included herein.

Enrollment in the tuition refund plan is voluntary. To enroll, complete the application and return it with your check or money order in the amount of \$503. Please make your payment payable to Perry & Carroll Insurance and return in the enclosed envelope.

Should you have questions prior to enrollment, please contact Perry & Carroll Insurance at (607) 734-4291.

The deadline for enrollment is fifteen (15) days after the start of classes for the fall semester.

Sincerely,

John Fratarcangelo  
Controller

## ELIGIBILITY

All full time students of Elmira College are eligible for this program.

## ENROLLMENT

Enrollment in the plan is voluntary. Each family must decide whether to participate in the plan or not. If participation is desired, the tuition payer will need to complete an enrollment form and pay the required premium for coverage.

## BENEFITS PROVIDED:

### MEDICALLY NECESSARY

This plan provides reimbursement for 100% of covered tuition if the student withdraws as a result of an injury or sickness. The injury or sickness must be certified by the student's attending physician as being a condition which prevents them from school attendance for the balance of the term. A 75% benefit of covered tuition is provided for medically necessary withdrawals due to a mental or nervous disorder.

### DEATH OF STUDENT

This plan provides reimbursement of 100% of covered tuition upon death of the insured student.

## DEATH OF TUITION PAYER

This plan provides reimbursement of 100% of covered tuition if the student withdraws due to the death of a tuition payer.

## EPIDEMIC CLOSURE

This plan provides 100% of the pro-rated covered tuition for the period your child's school is closed due to an ordered shutdown by any local, state or federal Department of Health, due to an outbreak of communicable disease or food poisoning.

## ACCIDENTAL DEATH BENEFIT - \$5000

This plan automatically provides a \$5000 accidental death benefit in the event of the accidental death of the student. The death must occur within 180 days of the accident which caused the death and must not be due to any of the following: suicide or self-inflicted injury or self-inflicted sickness; bodily or mental infirmity or illness; infection, except pyogenic or bacterial infection in a cut or wound caused by an accident; medical or surgical treatment except for surgery which results from an accident; air travel, other than as a fare-paying passenger on a scheduled commercial flight; war or acts of war; or taking part in a riot or felony, not including being a victim of a felony.

## TUITION REFUND INSURANCE ENROLLMENT FORM 2009-2010

School Name: **Elmira College**

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Tuition Payer's Name \_\_\_\_\_

Tuition Payer's Address \_\_\_\_\_

Student's Class \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Annual Premium enclosed:  \$503.00

Authorization:

Signature of Parent or Tuition Payer \_\_\_\_\_

Date \_\_\_\_\_

Make check or money order payable to:  
**Perry & Carroll, Inc.**

Mail to:  
**Perry & Carroll, Inc.**  
**P.O. Box 307**  
**Elmira, NY 14902**

IMPORTANT: SEND THIS COMPLETED FORM TO PERRY & CARROLL, INC. IN THE ENCLOSED ENVELOPE PRIOR TO 9/24/09.