This plan is available to students attending schools in and online students residing in New York.

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

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

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

Sentry Insurance a Mutual Company
Policy Benefits, P.O. Box 8025
Stevens Point, WI 54481
1-800-426-7234
or visit our Web site:
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 coverage. Please refer to Master Policy for details of benefits and provisions, or your Certificate of Coverage.

The Sentry Student Security Plan is administered nationally by:
E.J. Smith & Associates, Inc./E.J. Smith Insurance Agency
899 Skokie Boulevard
Northbrook, Illinois 60062-4029
(847) 564-3660
www.ejsmith.com

The Master Policy 180-824(NY) is issued to:
The Student Security Group Insurance Trust
Situs, Washington, D.C.

UNDERWRITTEN BY:
SENTRY INSURANCE A MUTUAL COMPANY

SOLD EXCLUSIVELY BY:
E.J. Smith & Associates, Inc.
ELIGIBILITY
Any Student who is registered and attending a college or university is eligible to enroll. International Students are eligible for Plan II only. 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 handicapped Children. The attendance requirement will be waived for four months following a period of coverage or for eight consecutive months immediately following graduation.

INSURED’S EFFECTIVE DATE
Your coverage becomes effective on:
a. The Effective Date you selected on the Enrollment Form; or
b. The date your completed Enrollment Form and the correct premium (U.S. funds) are received by the Plan Administrator, or the following date if paid by credit card, whichever is later. Coverage for a newborn Child of an Insured will become effective from birth if correct pro-rata premium is received by the Plan Administrator within 31 days from the date of birth.

TERMINATION DATE
Coverage will terminate on the earliest of the following dates:
a. The end of the period for which premium was paid unless renewal premium is received prior to or within 30 days after the end of such period; or
b. The Termination Date of the Master Policy; or
c. The date the Insured enters the armed forces of any country, unless the Insured enlists as or is already a member of a reserve component of the armed forces of the United States, including the National Guard, who either: 1) Voluntarily or involuntarily enters upon active duty (other than for the purpose of determining his or her physical fitness and other than for training); or 2) Has his or her active duty voluntarily or involuntarily extended during a period when the President is authorized to order units of the ready reserve or members of a reserve component to active duty, provided such additional active duty is at the request and for the convenience of the federal government; and 3) Serves no more than 4 years of active duty. In the event the Insured is called to active duty as outlined above, the Insured may continue coverage with payment of premium until the Policy terminates. Written request for continuation must be sent with the required premium.
d. The date the Insured departs for their Home Country or country of regular domicile (International Students only).
e. If an Insured is Totally Disabled on the date their coverage under the Policy terminates, benefits will be extended for 90 days for treatment of the injury or Sickness that caused the Total Disability.
**BASIC PLAN BENEFITS**
When, as the result of an Accident or a Sickness, the Insured incurs Loss while insured under the Policy, the Company will pay benefits for the following medical services up to the Basic Plan Maximum Benefit, subject to the limits for the specific medical services listed below, for each Accident or each Sickness, unless specified otherwise. No benefits are payable for charges incurred before insurance begins or after insurance ends, except as provided in the Extended Benefits provision. A charge will be considered incurred on the date the service is performed. The amount payable for Covered Charges will be determined by the Basic Plan Benefits in effect at the time each charge is incurred. Covered Charges will not exceed the Reasonable and Customary charges for the services and supplies listed.

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Benefit Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan I</td>
</tr>
<tr>
<td></td>
<td>Plan II</td>
</tr>
<tr>
<td>Hospital Room &amp; Board (per day)</td>
<td>$200</td>
</tr>
<tr>
<td>All other Hospital Confinement Services</td>
<td>$600</td>
</tr>
<tr>
<td>Hospital Out-Patient Services, Emergency Room, Urgent Care, After Hours Care or Free Standing Ambulatory Surgical Center Services (Accident and Out-Patient Surgery only)</td>
<td>$300</td>
</tr>
<tr>
<td>Surgery – 80% of Covered Charges (See Accident and Sickness Limitation #1)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Anesthesiologist (25% of specific primary surgical benefit)</td>
<td>$250</td>
</tr>
<tr>
<td>Doctor’s nonsurgical treatment Daily Benefit (See Limitation #4)</td>
<td>$300</td>
</tr>
<tr>
<td>The first visit for out-patient treatment of a Sickness is not covered</td>
<td>$25</td>
</tr>
<tr>
<td>Out-patient laboratory tests, x-rays and preventative cancer screening procedures including but not limited to Mammograms and Cytologic Screenings (Pap Smears) when ordered or provided by a Doctor in accordance with the standard practice of medicine (See Accident and Sickness Limitation #10)</td>
<td>$150</td>
</tr>
<tr>
<td>Consultant Doctor Services (See Definition of Consultant Doctor Services)</td>
<td>$50</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$100</td>
</tr>
<tr>
<td>Dentist’s treatment of injured Sound Natural Teeth (Accident only)</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Basic Plan Maximum Benefit</strong></td>
<td><strong>$3,000</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$5,000</strong></td>
</tr>
</tbody>
</table>
MEDICAL PLAN BENEFITS
When the total Basic Plan Maximum Benefit of $3,000 for Plan I or $5,000 for Plan II has been paid by Sentry as a result of a Loss incurred by an Insured for an Accident or a Sickness, Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for the Accident or Sickness covered under the Basic Plan Benefits which exceed the Basic Plan Maximum Benefit, up to the Medical Plan Maximum Benefit for each Accident or each Sickness. No benefits are payable for charges incurred before insurance begins or after insurance ends, except as provided in the Extended Benefits provision. A charge will be considered incurred on the date the service is performed. The amount payable for Covered Charges will be determined by the Medical Plan Maximum Benefit in effect at the time each charge is incurred.

<table>
<thead>
<tr>
<th>MEDICAL PLAN BENEFITS</th>
<th>PLAN I</th>
<th>PLAN II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan Maximum Benefit</td>
<td>$7,000</td>
<td>$45,000</td>
</tr>
<tr>
<td>TOTAL MAXIMUM BENEFIT for each Accident or Sickness (Basic Plan plus Medical Plan)</td>
<td>$10,000</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL BENEFITS</th>
<th>PLAN I</th>
<th>PLAN II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death and Dismemberment*</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Repatriation</td>
<td>–</td>
<td>$10,000</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>–</td>
<td>$10,000</td>
</tr>
<tr>
<td>Childbirth Benefit</td>
<td>Covered same as any other sickness</td>
<td></td>
</tr>
<tr>
<td>Breast Reconstruction</td>
<td>Covered same as any other sickness</td>
<td></td>
</tr>
</tbody>
</table>

*If an Insured is involved in an Accident, which results in injuries or death, We will pay for the losses as described in the Master Policy for each Accident.

Note: Your benefits may be limited as mandated by your state. Please see the Master Policy or your Certificate of Coverage for details. Your state may require benefits not illustrated here. This plan will cover those benefits according to the laws of your state. A specimen copy of the Certificate of Coverage which includes the provisions and conditions of these benefits, is available upon request.

PREMIUM
No premium refunds are payable except when an Insured enters the Armed Forces at which time a pro-rata refund will be made upon request. If a check is returned by a bank for insufficient funds, improper endorsement, account closed, etc., coverage will be rescinded and the Student must pay an additional service charge of $25 and submit a money order or a certified check, for the premium. It is the Student’s responsibility to make payments on the due dates, whether or not a billing statement is received.

<table>
<thead>
<tr>
<th>2010-2011 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTHLY PREMIUM RATES</td>
</tr>
<tr>
<td>Persons Insured</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Student Only</td>
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<td></td>
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<tr>
<td>Student &amp; Spouse</td>
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<tr>
<td>Student, Spouse &amp; Child(ren) Only</td>
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<td>Student &amp; Child(ren) Only</td>
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Note: These rates do not include the Optional Catastrophic Coverage nor the Optional Dental Coverage – See those sections for additional rates.

Domestic Students (US Citizens) & their Dependents are eligible to enroll in either Plan I or Plan II.

International Students (not a US Citizen) & their Dependents are eligible to enroll under Plan II only.

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

Accident – Bodily injury, directly caused by specific accidental contact with another body or object which is unrelated to any Pre-Existing Condition and causes Loss beginning while insured under the Policy.

Consultant Doctor Services – A one on one consultation with a Doctor for the purpose of obtaining a second opinion regarding the Insured’s Accident or Sickness. The Insured must be referred to the Consultant Doctor by their primary Doctor. Consultant Doctor Services does not include Doctor’s services for interpretation of diagnostic testing.

Elective Surgery and Elective Treatment – Surgery or medical treatment which is not necessitated by a pathological change occurring after the Insured’s Effective Date of Coverage. Elective surgery includes, but is not limited to: tubal ligation; vasectomy; breast reduction; cosmetic surgery; sexual reassignment surgery; and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective treatment includes, but is not limited to: treatment for acne; weight reduction; infertility; learning disabilities; and routine physical examinations, except for physical examinations provided under the Medical Child Health Supervision Services Benefits, maternal and newborn clinical assessments provided under the Medical Childbirth Benefits and pelvic examinations and collection and preparation of a Pap Smear provided under the Medical Cytologic Screening Benefits.

Pre-Existing Conditions – Any Accident or Sickness which manifests itself in symptoms which would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment is recommended or received during the six months immediately preceding the Effective Date of Coverage under the Policy. If the Insured was covered under a prior health plan that terminated within the 63 days before coverage under the Policy began, credit will be given for the time an Insured was covered under that prior policy. Pre-existing Conditions do not include treatment for congenital anomalies of a covered dependent Child or pregnancy.

Sickness – Illness, disease, pregnancy, or Mental Disorder, Substance Abuse or Substance Dependence which: (1) is first contracted or conceived while covered under the Policy; (2) is unrelated to any Pre-Existing Condition; and which (3) causes Loss beginning while covered under the Policy. Sickness includes trauma-related disorders due to injuries sustained while insured which otherwise do not meet the definition of Accident.

LIMITATIONS

1. Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for surgical procedures. Surgical benefits include all Doctor charges before and after surgery. Doctor nonsurgical treatment benefits are not payable for pre- or post-operative care. Benefits for Consultant Doctor Services are paid in addition to surgical benefits. Benefits will not exceed the plan benefit limits.

2. Benefits are limited to that part of such expense which is in excess of all benefits payable by any: (a) insurance company; (b) trust; (c) medical pre-payment plan covering the Insured; (d) government operated insurance plan or program, except Medicaid; or (e) ERISA or other self-insured plans. This will not apply to an Insured who is entitled to benefits under Medicare. Benefits under this Policy will be payable to such Insureds without regard to any other health coverage.

3. Benefits for Doctor’s non-surgical treatment primarily involving Physiotherapy are limited to a maximum of five visits for each Accident or each Sickness.

4. Benefits for Doctor nonsurgical treatment begin with the first visit when Hospital Confined; or for out-patient treatment for an Accident. The first visit for out-patient treatment of a Sickness is not covered. Benefits are limited to one treatment per day.

5. Accident benefits are paid only if treatment begins within 90 days after the date of the Accident.

6. Benefits for accidental injury to Sound Natural Teeth are payable only if injury comes from outside the mouth. Breaking a tooth while eating is not covered.

7. Benefits for accidental injury to Sound Natural Teeth are limited to that part of such expense which is in excess of all benefits payable by any Amendatory Rider adding Dental Coverage to the Policy.

8. Benefits for Out-Patient Treatment of Chemical Abuse or Chemical Dependence, Infertility Treatment, Home Health Care, Diabetic Self-Management Education Program, Diabetic Treatment, Child Health Supervision Services, Cytologic Screening, Childbirth, Bone Mineral Density Measurements, Prostate Cancer Screening, Autism Spectrum Disorder, Mental Disorders, Biologically Based Mental Illness and Chiropractic Care in excess of the Doctor’s nonsurgical treatment Maximum Benefit under the Basic Benefits will be covered under the Medical Plan only.

9. Repatriation benefits are payable only if loss occurs while covered under the Policy.

10. Each preventive cancer screening procedure is limited to one per consecutive policy year, unless a mammogram is recommended by a Doctor for Insureds having a prior history of breast cancer or whose first degree relative has a prior history of breast cancer. Benefits will not be paid for the charge of the office visit.
EXCLUSIONS

This insurance does not cover: 1) services provided by: (a) any College or University Student Health Service; or (b) by any person employed or retained by such school; 2) any Accident resulting from: skydiving; parachuting; hang gliding; glider flying; sail planing and similar methods of air travel; flight in any kind of aircraft, except while riding as a paying passenger on a regularly scheduled or charter flight operated by a scheduled airline; or the Insured operating a motor vehicle while not properly licensed to do so in any of the United States or the District of Columbia; 3) Loss caused by war or any act of war; or while in the armed forces of any country; 4) participation in a Riot or a felony; 5) intentionally self-inflicted injuries; 6) any expense payable under any Worker’s Compensation; Occupational Disease Law; or similar legislation; 7) treatment in a Federal Hospital, unless the Insured would be legally required to pay for such treatment; 8) preventive medicines or vaccines, except antitoxins for an Accident or for immunizations for covered Dependent Children from birth to age 19, as outlined in the Medical Child Health Supervision Benefit; 9) Elective Treatment or Elective Surgery, except for necessary cosmetic surgery incidental to or following surgery resulting from trauma, infection or other disease of the involved part or because of congenital disease or anomaly of a covered dependent Child which has resulted in a functional defect, or for treatment of infertility caused by correctable medical conditions, or Reconstructive Breast Surgery as provided by the Breast Reconstruction Benefits; 10) dental x-rays and dental treatment except for dental care or treatment of accidental injury to Sound Natural Teeth or dental care or treatment necessary due to congenital disease or anomaly; 11) charges for hearing aids, and similar appliances; 12) charges for eyeglasses; contact lenses; eye examinations for the correction of vision; fitting of eyeglasses or contact lenses; vision therapy; or surgical correction of refractive errors, unless a surgical correction of refractive errors is medically necessary. 13) Accident sustained while: (a) participating in any professional or semiprofessional sport, or contest; (b) traveling to or from such sport or contest as a participant; or (c) while participating in any practice or conditioning program for such sport or contest; 14) in-patient treatment for Chemical Abuse or Chemical Dependence, unless optional coverage for in-patient treatment of Chemical Abuse or Chemical Dependence is elected by the Policyholder; 15) Pre-Existing Conditions during the first 12 months of coverage under the Policy, unless insured under a prior health plan that terminated within the 63 days before coverage under the Policy began, then credit will be given for the time an Insured was covered under that prior policy. If 75% of the eligible students and a minimum of 300 students are insured, Pre-Existing conditions will be excluded for only those students who do not elect coverage during the first 30 days of eligibility; 16) Out-Patient Prescription Drugs except for treatment of Diabetes and medications prescribed by a Doctor while receiving Home Health Care; 17) treatment in your Home Country or country of regular domicile, if other than the United States or its possessions, Canada or Mexico; 18) durable medical equipment, except as may be specifically covered under certain provisions of the Policy.
DEFINITIONS

Accident – Bodily injury, directly caused by specific accidental contact with another body or object which is unrelated to any Pre-Existing Condition and causes Loss beginning while insured under the Policy.

Consultant Doctor Services – A one on one consultation with a Doctor for the purpose of obtaining a second opinion regarding the Insured’s Accident or Sickness. The Insured must be referred to the Consultant Doctor by their primary Doctor. Consultant Doctor Services does not include Doctor’s services for interpretation of diagnostic testing.

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Pre-Existing Conditions – Any Accident or Sickness which manifests itself in symptoms which would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment is recommended or received during the six months immediately preceding the Effective Date of Coverage under the Policy. If the Insured was covered under a prior health plan that terminated within the 63 days before coverage under the Policy began, credit will be given for the time an Insured was covered under that prior policy. Pre-existing Conditions do not include treatment for congenital anomalies of a covered dependent Child or pregnancy.

Sickness – Illness, disease, pregnancy, or Mental Disorder, Substance Abuse or Substance Dependence which: (1) is first contracted or conceived while covered under the Policy; (2) is unrelated to any Pre-Existing Condition; and which (3) causes Loss beginning while covered under the Policy. Sickness includes trauma-related disorders due to injuries sustained while insured which otherwise do not meet the definition of Accident.

OPTIONAL CATASTROPHIC COVERAGE PREMIUM RATES
(Available only if Plan II is purchased)
The policy maximum (Plan II) can be increased to $100,000 for an additional premium.

All Accident and Sickness insured family members must enroll.

<table>
<thead>
<tr>
<th>PERSONS INSURED</th>
<th>2010-2011 MONTHLY PREMIUM</th>
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</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td></td>
</tr>
<tr>
<td>24 &amp; Under</td>
<td>$12</td>
</tr>
<tr>
<td>25 to 34</td>
<td>13</td>
</tr>
<tr>
<td>35 to 44</td>
<td>17</td>
</tr>
<tr>
<td>45 &amp; Over</td>
<td>25</td>
</tr>
<tr>
<td><strong>Student &amp; Spouse</strong></td>
<td></td>
</tr>
<tr>
<td>24 &amp; Under</td>
<td>$24</td>
</tr>
<tr>
<td>25 to 34</td>
<td>26</td>
</tr>
<tr>
<td>35 to 44</td>
<td>31</td>
</tr>
<tr>
<td>45 &amp; Over</td>
<td>45</td>
</tr>
<tr>
<td><strong>Student, Spouse &amp; Child(ren)</strong></td>
<td></td>
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<tr>
<td>24 &amp; Under</td>
<td>$31</td>
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<tr>
<td>25 to 34</td>
<td>34</td>
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<tr>
<td>35 to 44</td>
<td>39</td>
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<tr>
<td>45 &amp; Over</td>
<td>52</td>
</tr>
<tr>
<td><strong>Student &amp; Child(ren)</strong></td>
<td></td>
</tr>
<tr>
<td>24 &amp; Under</td>
<td>$20</td>
</tr>
<tr>
<td>25 to 34</td>
<td>21</td>
</tr>
<tr>
<td>35 to 44</td>
<td>25</td>
</tr>
<tr>
<td>45 &amp; Over</td>
<td>33</td>
</tr>
</tbody>
</table>

Multiply the rates shown above by 4 to determine the tri-annual premium.

Catastrophic Coverage is optional and available to Plan II Accident and Sickness Insureds. All Accident and Sickness insured family members must enroll.
OPTIONAL DENTAL COVERAGE

Only available with selection of Sentry Student Security Plan I or Plan II
(Additional Premium Required – See Rate Chart)

DENTAL BENEFITS

BENEFITS
If an Insured incurs charges for Dental Services while the Policy is in effect and the Insured is covered under the Dental Benefit, Sentry will pay the percentage shown in the Dental Services section and which:

a. Do not exceed the Reasonable and Customary charges for the Dental Services; and
b. Do not exceed the policy year maximum per Insured of $1,000; and
c. Are in excess of the policy year deductible per Insured of $50.

DENTAL SERVICES

Class I Services (80% of Covered Charges)

a. Initial and Periodic Oral examinations, required x-rays and prophylaxis;
b. Topical application of fluoride for Insureds under age 14;
c. Sealants for Insureds under age 14;
d. Emergency oral examination for pain relief.

Class II Services (50% of Covered Charges) – See Dental Limitations for coverage effective date.

a. Acrylic, amalgam, plastic, porcelain, silicate or stainless steel restorations;
b. Oral surgery including extractions;
c. Endodontics;
d. Periodontics;
e. Individual crowns;
f. Bridges;
g. Initial dentures;
h. Space maintainers;
i. Treatment of Temporomandibular Joint disorder not covered under the health coverage.

DENTAL LIMITATIONS

Benefits for Dental Services are limited as follows:

1. There must be at least six months between each oral examination, bitewing x-ray and prophylaxis treatment or service.
2. There must be at least three years between each complete mouth x-ray.
3. Coverage for Class II Dental Services begins six months after the effective date of continuous coverage for Class I Dental Services.

ELECTIVE LIMITATION

If an Insured elects a more expensive procedure than is usually given, benefits will be limited to the cost based on a standard procedure.

DENTAL EXCLUSIONS

No benefit will be paid for charges incurred: 1) for any service not listed in the Dental Services; 2) for any service performed for cosmetic reasons. This exclusion will not apply to procedures performed as a result of congenital defects of a newborn Child; 3) charges for which an Insured has benefits provided under any Workers’ Compensation or Occupational Disease Law; 4) for general anesthesia except when administered for a covered Oral Surgery procedure performed by a dentist; 5) for oral hygiene instructions and dietary instructions; 6) for plaque control programs; 7) for charges for hospital services; 8) for Myofunctional Therapy; 9) for hypnosis; 10) for any operation or service not performed by a Doctor or dentist; 11) for surgery required to restore occlusion; 12) for dentures which have been lost, mislaid, or stolen; 13) for orthodontics or interceptive orthodontia; 14) for dental implants; 15) for inlays, onlays or gold fillings; 16) for replacement prosthodontic appliances, cast restorations, individual crowns and jackets; 17) for prescription drugs.

DENTAL – MONTHLY PREMIUM RATE

<table>
<thead>
<tr>
<th>Persons Insured</th>
<th>Health Plan I or Health Plan II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$19</td>
</tr>
<tr>
<td>Student &amp; Spouse</td>
<td>$38</td>
</tr>
<tr>
<td>Student, Spouse &amp; Child(ren)</td>
<td>$62</td>
</tr>
<tr>
<td>Student &amp; Child(ren) Only</td>
<td>$43</td>
</tr>
</tbody>
</table>
PRESCRIPTION DRUG DISCOUNT CARD

RxSavingsPlusSM Prescription Drug Discount Card

An RxSavingsPlus prescription drug discount card will be provided at no charge to all individuals covered under this plan. This card offers discounts on name brand and generic prescription drugs at more than 59,000 participating pharmacies nationwide and through the CVS Caremark mail service pharmacy. After enrolling, an RxSavingsPlus prescription drug discount card and information on the program will be sent directly to the Student. Please call RxSavingsPlus toll-free for more information on the discount program.

This plan is not insurance. Discounts are only available at participating pharmacies.

1-877-673-3688

As a Student attending a New York school, you are also entitled to the following benefits:

- Childbirth Benefits
- Certified Nurse Midwife Benefits
- Disabled Dependent Children Benefits
- Breast Reconstruction Benefits
- Medical Out-Patient Chemical Abuse or Chemical Dependence Benefits
- Medical Infertility Treatment Benefits
- Medical Home Health Care Benefits
- Medical Diabetic Self-Managements Education and Diabetic Treatment Benefits
- Medical Health Supervision Services Benefits
- Medical Childbirth Benefits
- Medical Cytologic Screening Benefits
- Medical Chiropractic Care Benefits
- Medical Bone Mineral Density Measurements Benefit
- Medical Prostate Cancer Screening Benefits
- Medical Autism Spectrum Disorder
- Medical Mental Disorder Benefit
- Medical Biologically Based Mental Illness Benefits
ENROLLMENT INSTRUCTIONS

1. Read the brochure carefully.

2. Complete the Enrollment Form on the following page.
   Please print all of the information legibly. Complete
   application for only the initial period in which you enroll for
   the school year. Students attending classes only on-line
   must complete the application enrollment form applicable to
   their state of residence. For On-Line Students, coverage will
   be issued based on your state of residence. Additional
   Enrollment Forms can also be found on our Web site.

3. The premiums for the Student Security Plan are based on the
   Student’s age. There are two 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 five and multiply by the number of months
   requested (four months minimum). For coverage
   beginning after April 1, 2011, please call our office
   for the pro-rata amount of premium. You will be billed
   for subsequent periods. However, you may pay for more than
   the four month minimum or up to the Master Policy
   termination date of 8-1-2011.

5. Make your check or money order payable to:
   Sentry Insurance
   (U.S. Funds Only)

6. Mail the Enrollment Form and your check or money order to:
   E.J. Smith & Associates, Inc.
   899 Skokie Boulevard
   Northbrook, Illinois 60062-4029
   Ph: 847-564-3660
   www.ejsmith.com

For your convenience, use the mailing envelope
attached in this brochure.
2010-2011
Enrollment Form for
The Sentry Student Security Plan
Please read instructions on page 16 and
print all information legibly.

Student’s Name: ____________________________ (First) (M.I.) (Last)
Billing Address:

(Street Address) ____________________________ (Apt. #) ____________________________
(City, State, Zip) ____________________________ (Telephone #) ____________________________
(E-mail Address) ____________________________
Can Claims contact you at your e-mail address: Yes No

Student’s Birth Date: __________ Age: __________
State of Residence: ____________________________
Beneficiary to the Student: ____________________________ (Accidental Death and Dismemberment Benefit)
Name of College or University:

City: ____________________________ State: ____________________________

I am a(n): (check only one box)
☐ Domestic Student (U.S. Citizen)
☐ International Student ____________________________
☐ Attending classes only on-line as a Student at the above school

Whom Are You Enrolling?
☐ Student Only
☐ Student & Spouse
☐ Student, Spouse & Child(ren)
☐ Student & Child(ren)

What Benefit Plan Are You Applying For?
☐ Plan I - Domestic Students
☐ Plan II - Domestic or International Students

Optional Plans:
☐ Optional Dental Plan
(Only available with purchase of Plan I or Plan II)
☐ Optional $50,000 Catastrophic Plan
(Available with Plan II only)

Premium Due: $ ____________________________

Please Calculate Premium Due on Reverse Side
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.

Student’s Signature: ____________________________
Date: ____________________________

(Health Plan Monthly Premium)
+ (Dental Plan Monthly Premium (only available with purchase of Health Plan I or Plan II))
+ (Catastrophic Plan Monthly Premium (only available with purchase of Health Plan II))

Total Monthly Premium $ ____________________________

Please Calculate Months of Coverage on Reverse Side
If received after the request date, coverage will begin on the date received, or the following date if paid by credit card.

I request my insurance to begin on ____________________________

I am enclosing payment for ____________________________ months of coverage. (4 month minimum)

Total Premium Due $ ____________________________

The Master Policy terminates on 08/01/2011.

Please remember to sign & date the application on page 1.

Underwritten by Sentry Insurance a Mutual Company, Stevens Point, Wisconsin.

Sold exclusively by E.J. Smith & Associates, Inc.

Sentry’s Student Security Plan
Low-cost health coverage
Flexible payment options
Prescription drug discount card

Available Options
$100,000 maximum benefit
Dental plan
2010 - 2011
This plan is available to students attending schools in and on-line students residing in New York.

POLICIES AND IDENTIFICATION CARDS
You will receive a Certificate of Coverage, which includes all policy provisions, an identification card and a claim form.

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

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

Sentry Insurance a Mutual Company
Policy Benefits, P.O. Box 8025
Stevens Point, WI 54481
1-800-426-7234
or visit our Web site: 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 coverage. Please refer to Master Policy for details of benefits and provisions, or your Certificate of Coverage.

PLAN ADMINISTRATOR
The Sentry Student Security Plan is administered nationally by:
E.J. Smith & Associates, Inc./E.J. Smith Insurance Agency
899 Skokie Boulevard
Northbrook, Illinois 60062-4029
(847) 564-3660
www.ejsmith.com

The Master Policy 180-824(NY) is issued to:
The Student Security Group Insurance Trust
Situs, Washington, D.C.

UNDERWRITTEN BY: SENTRY INSURANCE A MUTUAL COMPANY
Stevens Point, WI

$  Health Plan Monthly Premium
+ $  Dental Plan Monthly Premium (only available with purchase of Health Plan I or Plan II)
+ $  Catastrophic Plan Monthly Premium (only available with purchase of Health Plan II)
= $  Total Monthly Premium
x  Months
= $  Total Premium Due

• I request my insurance to begin on .
• I am enclosing payment for  months of coverage. (4 month minimum)
• If received after the request date, coverage will begin on the date received, or the following date if paid by credit card.
• Please do not include payment for the 2011-2012 school year, which begins 08/01/2011.
• The Master Policy terminates on 08/01/2011.

Please remember to sign & date the application on page 1.
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