

PREMIUM

\$25 per person insured. Not Pro-ratable.

SUBROGATION

If We pay Covered Expenses for an accident or injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the amount recovered, up to the amount of your benefits we have paid under this plan. We may also take subrogation action directly against the third party. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

IN THE EVENT OF AN EMERGENCY:

In the event of an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the Assistance Company. The Assistance Company will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact OnCall in the event of an emergency, call **1-800-850-4556**.

ON CALL TRAVEL ASSISTANCE SERVICES

Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

1. Referral to the nearest, most appropriate medical facility, and/or Provider.
2. Medical monitoring by board certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to Provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Contact OnCall International for any of these services:
Toll Free from U.S. and Canada: 1-800-850-4556
Call collect from outside the U.S. 603-898-9159
www.oncallinternational.com

Medical Benefits Underwritten by:



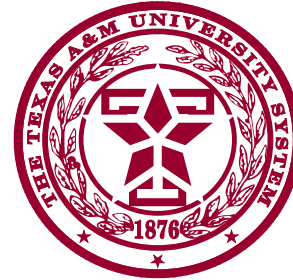
Claims should be mailed to:
Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(800) 452-5772



2009 • 2010

Student Repatriation and Medical Evacuation Plan

For the International Students of:



- * Texas A&M University
- * Prairie View A&M University
- * Tarleton State University
- * Texas A&M International University
- * Texas A&M University – Central Texas
- * Texas A&M University – Commerce
- * Texas A&M University – Corpus Christi
- * Texas A&M University – Galveston
- * Texas A&M University – Kingsville
- * Texas A&M University – Qatar
- * Texas A&M University – San Antonio
- * Texas A&M University – Texarkana
- * Texas A&M University System
Health Science Center
- * West Texas A&M University

Approved by:
THE TEXAS A&M UNIVERSITY SYSTEM
Policy Number: **DSP0003409**

2009 • 2010

www.TAMUINSURANCE.com

INTRODUCTION

This is a brief description of the Medical Evacuation and Repatriation Expense benefits available to international students of The Texas A&M University System. Please keep this brochure as a general summary of the insurance. The Master Policy contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between the brochure and the Policy, the Master Policy will govern and control the payment of benefits.

ELIGIBILITY

All registered International students of The Texas A&M University System, and English Language Institute students in on-campus attendance, are eligible to participate in the Insurance program described in this brochure.

This plan is only available to students not enrolled in the The Texas A&M University System Accident and Sickness Plan.

TERM OF COVERAGE

Coverage begins at 12:00 a.m. on August 17, 2009, or the date premium is paid, if later, and will remain in force through August 16, 2010.

REFUND OF PREMIUM

Fees received by the Company are fully earned upon receipt. Refund of fees will be considered only as specifically provided in the case of entry in the Armed Forces. No other refund will be allowed.

EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to International Students. In the event of a serious Injury or Sickness, this benefit will pay the actual expenses of up to \$10,000 for the Covered Expenses incurred, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. Emergency Medical Evacuation must be approved in advance by Us.

Emergency Medical Evacuation means:

- the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or
- for International Students, after being treated at a local Hospital; the Insured Person's medical condition warrants transportation to his/her Home Country to obtain further medical treatment to recover.

Covered Expenses are Expenses up to the maximum stated in the Plan of Insurance for: (a) Transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by the Company.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

REPATRIATION OF BODY REMAINS EXPENSE BENEFIT

This benefit applies only to International Students. In the event of the death of an Insured Person, We will pay the actual charges of up to \$10,000 for the Covered Expenses for the preparation and transportation of the Insured Person's remains to his or her Home Country or home residence. Covered Expenses include expenses for embalming, cremation, coffins and transportation. Repatriation of Body Remains must be approved in advance by Us. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit.

Covered Expenses include, but are not limited to, Expenses for embalming, cremation, coffins, and transportation.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with the Company.

Please indicate the school you attend:		Texas A&M University	
		Prairie View A&M University	
		Tarleton State University	
		Texas A&M International University	
		Texas A&M University-Central Texas	
		Texas A&M University-Commerce	
		Texas A&M University-Corpus Christi	
		Texas A&M University-Galveston	
		Texas A&M University-Kingsville	
		Texas A&M University-Texarkana	
		The Texas A&M University System Health Science Center	
		Texas A&M University-San Antonio	
		West Texas A&M University	
Texas A&M University System Student Enrollment Card		Medical Evacuation and Repatriation Benefit 2009 • 2010	
Student's Name	(First) _____ (M) _____ (Last) _____	Date of Birth	_____
Student I.D. #	_____	Social Security #	_____
Address	(Street) _____ (City) _____ (State) _____ (Zip) _____	(Apr. #)	_____
Telephone Number	() _____	Email address	_____
I do wish to participate in this Insurance Plan. My check or money order for the coverage checked below is enclosed.			
<input type="checkbox"/>	Full Year -	August 17, 2009 to August 16, 2010	\$ 25
<input type="checkbox"/>	Spring & Summer -	January 1, 2010 to August 16, 2010	\$ 25
<input type="checkbox"/>	Summer Only -	May 17, 2010 to August 16, 2010	\$ 25
<input type="checkbox"/> Insure Dependents at the same cost shown above for each			Total enclosed \$ _____
Names of Dependents to be Insured		Spouse	_____
		Child	_____
		Child	_____
Signature of Student _____		Make check or money order payable to Student Insurance Plan.	
Mail this enrollment card along with premium payment to Post Office Box 189, Libertyville, Illinois 60048.			