Claims procedure:

1. Obtain a claim form from the school within 30 days of the date of loss or as soon as reasonably possible. Proof of loss must be furnished to the Company within 90 days from the date of the Accident. Bills submitted after one year will not be considered for payment.

2. Complete the claim form; attach all medical bills; primary carrier’s Explanation of Benefits (EOB) and mail to the Servicing Agent listed below. You must complete one claim form per Injury.

DEFINITIONS

“Accident” means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

“ADDITIONAL EXCLUSIONS” means any contract, policy or other arrangement which is within the scope of customary activities for such care or treatment and for which a per diem charge is made by the Hospital.

“Medical Necessity” means those services or supplies provided for in this Certificate, and rendered within 6 months of the Accident; (b) A legal liability exists for the charges made to the individual for the service or supply in the locality in which the service or supply is rendered.

“Home Hospital” means a Medically Necessary overnight accommodation in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

“Injury” means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All Injuries are the same Covered Person shall be subject to the usual and customary charges.

“Health Care Plan” means: (a) A hospital or an organization which is organized by or under its auspices; (b) The aged, drug addicts or alcoholics; or (c) Which is within the scope of circumstances for which a per diem charge is made by the Hospital.

“Usual, Reasonable and Customary” means:

1. The charges for the service or supply in the locality in which the service or supply is rendered.

2. In the event of Injury, the student should:

   a. Obtain a claim form from the school within 30 days of the date of loss or as soon as reasonably possible. Proof of loss must be furnished to the Company within 90 days from the date of the Accident. Bills submitted after one year will not be considered for payment.

   b. Complete the claim form; attach all medical bills; primary carrier’s Explanation of Benefits (EOB) and mail to the Servicing Agent listed below. You must complete one claim form per Injury.
ACIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If, within one year from the date of an Accident covered by this Policy, Injury from such Accident, results in the death of the Covered Person or Loss listed below, we will pay the percentage of the Principal Sum set opposite the Loss in the Schedule of Benefits for the particular Loss. If more than one such Loss as the result of one Accident, we will pay only the largest Benefit to which he is entitled. This Benefit will not exceed the Principal Sum which applies for this Policy.

Benefits for loss of life will be paid to the Insured’s beneficiary (the insured’s estate if no beneficiary is named). Other Benefits will be paid to the Insured’s beneficiary as described in the Schedule of Benefits.

The application of the Coordination of Benefits or Non-Coordination of Benefits will be considered on the unpaid balances after the Insured is due and unpaid, the date the Insured ceases to be a student under the policy, or 12:01 a.m. on the day following the date notice from the North Carolina Community and Technical Colleges or other educational institution that the Covered Person is no longer enrolled for the semester. Coverage terminates on the first of the following dates. The date any premium for the insurance policy or service contract is not paid and the date the Insured ceases to be a student under the policy, or the date the policy is terminated.

EXCESS PROVISION

The Excess Provision does not apply if the Covered Person does not have other insurance or if the other insurance does not cover the loss. Even if a student is covered under another insurance policy, we may cover the excess balances and deductibles, and pay those eligible expenses not covered by other insurance.

Benefits will be considered on the unpaid balances after the other insurance has paid. Balances are payable for any period after the date of the Accident up to the time of a court’s order which is paid or payable by other valid and collectible insurance or under anStatutory lien insurance policy.

The application of the Coordination of Benefits or Non-Coordination of Benefits provision.

SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Benefit Period</th>
<th>Maximum Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 weeks from the date of Injury</td>
<td>$25,000.00</td>
</tr>
</tbody>
</table>

We will pay the expense incurred, not to exceed the usual and customary charges in the geographical area.

SCHEDULE OF BENEFITS.

<table>
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<tr>
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</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

2) Intensive Care Room and Board charges for each day of Intensive Care Unit confinement, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit.

3) Hospital Miscellaneous - charges during a Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for the Hospital Miscellaneous benefit.

4) Medical Equipment Rental Charges - charges for medical equipment for which prior approval by us has been given; up to the Benefit Amount shown in the Schedule of Benefits for the Medical Equipment Rental benefit.

The amounts payable under this Medical Expense benefit could be greatly reduced if the Covered Person does not comply with the terms in the limitations section of this Policy.

EXCLUSIONS

Benefits will not be paid for a Covered Person’s loss which:

1) is caused by or resulted from the Covered Person’s own: (a) voluntarily self-inflicted Injury or any suicide; (b) willful neglect; (c) voluntary participation in dangerous sports; (d) participation in any illegal activity; (e) intentional or reckless act while under the influence of drugs or alcohol; (f) participation in a riot or insurrection; (g) driving under the influence of alcohol or any controlled substance; (h) wilful and malicious mischief.

2) is caused by or results from a declared or undeclared war or act of war.

3) is caused by or resulted from participation of the Covered Person in any Armed Forces Reserve or National Guard active duty training is not excluded unless it extends beyond the period of the leave unless otherwise specifically provided in this Policy; (d) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted by the Covered Person or the injury, neglect, misuse or abuse of alcohol or other drug; (e) loss or any attempt to commit a felony; (f) participation in a riot or insurrection; (g) driving under the influence of alcohol or any controlled substance."