

Accountholder: Washington State Colleges
1500 Jefferson St SE/ MS 41466
Olympia,WA 98504

Account Number: T5MP-P-054213

PLAN OF INSURANCE

Term of Coverage: September 1, 2023 to September 1, 2024

Aggregate Limit: \$500,000.00 (Air Accidents only)

Eligibility: All registered students enrolled in at least 6 hours per quarter

Coverage is provided for all registered students enrolled in at least 6 hours per quarter, actively attending class on campus for at least 31 consecutive days from the date coverage is purchased (excludes home study, correspondence, online and television courses). No coverage is provided for sports participation.

Effective Date of Individual Insurance:

The effective date of individual insurance shall be the policy date or 12:01 am the day following the date notice from the Accountholder to the Company is postmarked or the date specified by the Accountholder, whichever is later.

Individual Terminations: (General Provision No. 1 applies if this space is left blank)

Change in Coverage: None

Benefits:

<u>Class</u>	<u>Insuring Provision(s) Applicable</u>	<u>Benefit Provision(s) Applicable</u>
All	0LJ4M Sponsored Activities	6653M AD & Specific Loss 6425M rev 0410 AME

The amount of benefits for each Benefit Provision shown above is as follows (for all Classes unless otherwise shown):

Accidental Death & Specific Loss	Rider 6653M
Principal Sum	\$10,000.00
Loss Period	Loss within 365 Days of Injury

Accident Medical Expense: Full Excess	Rider 6425M rev 0410
Medical Benefit Maximum	\$25,000.00 per Injury
Benefit Percentage	100% of Usual & Customary up to \$1,500.00 80% of Usual & Customary from \$1,500.00 to \$25,000.00
Accident Medical Deductible-Corridor *	\$25.00 per Injury
Loss Period	Initial treatment received within 90 days of Injury
Benefit Period	Benefits payable for 104 weeks from accident date

Durable Medical Equipment Benefit	
Maximum Benefit Amount	100% of Usual & Customary up to \$1,500.00 80% of Usual & Customary from \$1,500.00 to \$25,000.00

Dental Expense Benefit

Maximum Benefit Amount 100% of Usual & Customary up to \$1,500.00
80% of Usual & Customary from \$1,500.00 to \$25,000.00

Orthopedic Appliances

Maximum Benefit Amount 100% of Usual & Customary up to \$1,500.00
80% of Usual & Customary from \$1,500.00 to \$25,000.00

Outpatient Physical Therapy Benefits

Maximum Benefit Per Injury 100% of Usual & Customary up to \$1,500.00
80% of Usual & Customary from \$1,500.00 to \$25,000.00

Prescription Drug Benefit

Maximum Benefit Per Injury 100% of Usual & Customary up to \$1,500.00
80% of Usual & Customary from \$1,500.00 to \$25,000.00

Air/Ground Ambulance Benefit

Maximum Benefit Per Injury 100% of Usual & Customary up to \$1,500.00
80% of Usual & Customary from \$1,500.00 to \$25,000.00

** Corridor – The amount of eligible Medical Expenses incurred by an Insured for each loss before benefits are payable under this policy. It applies separately to each Insured and each Injury.*

The following riders are attached to and made a part of this Memorandum of Coverage:

Aggregate Limit of Indemnity Air Travel Accidents Rider 871MS-EZ
Full Excess Coverage Amendment Rider 6902M
Failure by an Insured to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of eligible expenses to 50% of the amount otherwise payable.
Facility of Payment Amendment Rider 6926M
Beneficiary Designation 9008M

Premium: \$147.00 per student per year

The premium shown above is fully earned and non-refundable on the date coverage goes into effect.

082523:scs

MEMORANDUM OF COVERAGE

Insurance benefits are underwritten by Mutual of Omaha Insurance Company under Master Policy T5MP-51808 issued to the Student Insurance Trust. This Memorandum of Coverage describes the benefits payable under the policy.

PART A. DEFINITIONS

"Ambulatory Surgical Center" means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

"Intoxicated" means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state where the Injuries occurred.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where services are rendered.

"Loss of Eye or Eyes" means the total and irrecoverable loss of the entire sight thereof.

"Loss of Hand or Hands or Foot or Feet" means severance at or above the wrist or ankle joint, respectively.

"Loss of Speech and Hearing" means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss.

"Loss of Thumb and Index Finger of the Same Hand" means severance of two or more entire phalanges of both the thumb and the index finger.

"Medical Expense" means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

A "Medically Necessary" service or supply means one which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

"Physician's Assistant (PA)" is a (PA) other than the insured, trained and licensed to provide basic medical services.

"Usual and Customary Charges" means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

PART B

COVERAGE (0LJ4M)

The Insured is covered for Injuries received while insured under this provision. Such Injuries must be received while participating in activities sponsored and supervised by the Policyholder.

PART C.

BENEFITS

Accidental Death and Dismemberment

(Benefit Provision 6653M)

When, because of covered Injuries, the Insured sustains any of the following losses within 365 days after the date of the accident, benefits will be paid as follows:

Loss of Life	Principal Sum
Loss of Both Feet, Both Hands or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum
Loss of One Hand, One Foot or One Eye	One-half Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	One-half Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-fourth Principal Sum

Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident. The benefit for loss of: (a) two limbs; (b) both eyes; (c) one limb and one eye; (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

Accident Medical Expense Benefits

(Benefit Provision 6425M rev 0410)

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 60 days after the date of the accident, we will pay the Medical Expense incurred in excess of the Medical Deductible, if any. Benefits shall not exceed the Usual and Customary Charges. Eligible Medical Expenses are as follows:

- (a) Treatment by a Legally Qualified Physician;
- (b) Care or services from a Hospital or Ambulatory Surgical Center;
- (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;
- (d) Professional ambulance service;
- (e) Orthopedic appliances;
- (f) Treatment by a physical therapist;
- (g) Treatment by a Physician's Assistant.

Only covered Medical Expense incurred by the Insured within Benefit Period (as shown on the Plan of Insurance) is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

Full Excess Coverage (Amendment Rider 6902M)

(Subject to Primary Coverage Requirements)

Benefits for Medical Expense within the policy or certificate will be paid only for Medical Expense which is not recoverable from any other insurance policy, service contract or workers' compensation. Failure by an Insured to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of eligible expense to 50% of the amount otherwise payable.

PART D.

FACILITY OF PAYMENT

(Amendment Rider 6926M)

In consideration of the payment of the premium which is recited in the policy, it is hereby understood and agreed that all or a portion of any indemnities provided by the policy as a result of medical, surgical, dental, hospital or nursing service may, at our option, and unless we are requested otherwise in writing not later than the time of filing proof of loss, be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person.

**PART E. AGGREGATE LIMIT OF INDEMNITY FOR ANY ONE AIR TRAVEL ACCIDENT
(Amendment Rider 871MS-EZ)**

Our aggregate limit of indemnity under the policy for all covered loss of life, limb or sight sustained as a result of the same air travel accident by all Insureds involved in such accident shall not exceed the aggregate limit specified in the Plan of Insurance.

If the aggregate limit is insufficient to pay the full amount specified for all Insureds involved in the same accident; then the amount of indemnity payable for covered losses sustained by each insured person shall be in the proportion that said aggregate limit bears to the total amount of indemnity that would have been payable except for said aggregate limit.

PART F. EXCLUSIONS AND LIMITATIONS

No coverage is provided for: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (b) injuries caused by an act of declared or undeclared war; (c) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (d) injuries received while acting as a pilot or crew member; (e) injuries received while traveling as a passenger by air, except as specifically defined in the policy; (f) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) injuries received while under the influence of any controlled substance, unless administered on the advice of a legally qualified physician; or (h) injuries received while intoxicated as specifically defined in the policy; (i) Injuries sustained while traveling other than as specifically stated in the policy; (j) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (k) Injuries covered by workers' compensation or employer's liability laws.

PART G. GENERAL PROVISIONS

- 1. Individual Terminations:** Unless otherwise specified in the Plan of Insurance, the insurance of any Insured will terminate on whichever of the following dates occurs first: (a) the date the Insured ceases to be within the classes of persons eligible for coverage under this policy, (b) the date that any premium for the Insured's insurance is due and unpaid or (c) the date this policy terminates.
- 2. Change in Coverage:** Any change in an Insured's coverage because of a change in classification will become effective as specified in the Plan of Insurance.
- 3. Reinstatement or Reenrollment:** If the insurance of any Insured is terminated for any reason, any insurance subsequently effected on such Insured either through reinstatement or reenrollment shall apply only to covered loss resulting from covered injuries sustained after the date of reinstatement or reenrollment, whichever the case may be.
- 4. Notice of Claim:** Written notice of a claim must be given to us within 90 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. The Insured can give the notice or have someone else do it for him or her. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must identify the Insured.
- 5. Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
- 6. Proofs of Loss:** Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.
- 7. Time of Payment of Claims:** Periodic payment will be made in case of loss of time for which benefits accrue during a period of more than one month. Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this policy provides periodic payment will be paid at the expiration of each month and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

8. **Payment of Claims:** Indemnity for loss of life will be payable in accord with the beneficiary designation made in writing by the Insured and on file with the Company. In the absence of such beneficiary designation, or in the event the designated beneficiary predeceases the Insured, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: the Insured's: (a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate. All other indemnities will be payable to the Insured.
9. **Physical Examinations and Autopsy:** The Company at its own expense shall have the right and opportunity to examine the person of anyone covered under this policy when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
10. **Legal Actions:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.
11. **Change of Beneficiary; Assignment:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.
12. **Conformity With State Statutes:** Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the Accountholder is located on such date is hereby amended to conform to the minimum requirements of such statutes.
13. **Grace Period:** Premiums must be paid on or before the date they are due or during the 31-day grace period that follows. This memorandum stays in force during the grace period. A grace period always applies unless we inform the Accountholder that it does not apply.
14. **Cancellation:** After this memorandum has been in force for one year, it may be canceled at any time, by either the Accountholder or us, with written notice to the other stating the date and hour cancellation becomes effective. We shall give 60 days' prior notice to cancellation. Upon cancellation any unearned premium shall be returned.

Underwritten by Mutual of Omaha Insurance Company

**Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175**



3300 Mutual of Omaha Plaza
Omaha, NE 68175

BENEFICIARY DESIGNATION AMENDMENT RIDER

This rider applies only to the class or classes of Insureds specified in the Plan of Insurance.

This rider is made a part of the policy or certificate to which it is attached and is subject to all of the terms of the policy or certificate which are not in conflict with this rider.

Rider Date (same as the Policy Date or Certificate Date if no date is shown)

PART A. DEFINITIONS

The definitions in the policy, certificate, Insuring Provision(s) and Benefit Provision(s) apply to this rider.

PART B. AMENDMENT

The General Provision captioned Payment of Claims is hereby deleted in its entirety and the following is substituted.

Payment of Claims: Indemnity for loss of life will be payable in accord with the beneficiary designation made in writing by the Insured and on file with the Company. In the absence of such beneficiary designation, or in the event the designated beneficiary predeceases the Insured, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: the Insured's: (a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate. All other indemnities will be payable to the Insured.

PART C. EXCLUSIONS AND LIMITATIONS

This rider is subject to the Exclusions and Limitations of the Insuring Provision(s) and Benefit Provision(s) applicable to the Insured.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary