

## SUBSCRIPTION AND SERVICE AGREEMENT

### Part A:

#### REQUEST FOR BLANKET ACCIDENT AND SICKNESS COVERAGE

The undersigned Subscriber wishes to participate in the blanket insurance coverage provided under policy EXL-SA10032-23, underwritten by SiriusPoint America Insurance Company and issued to the Trustee of the IEES Insurance Trust dated October 1, 2000, based on the following statements and representations.

1. Name of Subscriber: Rogers State University  
1701 West Will Rogers Boulevard  
Claremore, OK 74017

Administrator: ASRM, LLC  
505 South Lenola Road, Suite 231  
Moorestown, NJ 08057

Subscriber's Effective Date: August 1, 2023. Subscriber's coverage under the policy ends at 12:01 A.M. on July 31, 2024.

Subscriber hereby adopts the Trust Agreement identified above, as originally established and amended from time to time, and confirms the appointment of Trustee, and agrees to be bound by the terms of the Trust Agreement.

2. Subscriber wishes the eligible persons described herein on the Schedule of Benefits to be eligible for coverage under the policy identified above, and any policies issued in replacement or substitution thereof, by SiriusPoint America Insurance Company.
3. The insurance to be provided under the policy applies only to the groups or classes of Insureds described under the Schedule of Benefits, and only with respect to those coverages specified. The amount specified shall apply to each Insured per occurrence or coverage year as specified in the policy and are subject to all the terms of the policy relating thereto. The description of Insureds includes all persons who came within the scope of such descriptions at any time while the policy is in force and for whom the required premium is paid.
4. The effective date of coverage is indicated above. Subscriber understands that coverage will not be effective until this application is accepted by the Administrator.
5. Subscriber agrees to promptly furnish the Trustee or its Administrator and SiriusPoint America Insurance Company with any information required by them as needed to ensure proper administration of the insurance plans of the Trust. Persons listed as covered in any roster shall be deemed to have been insured, and any premiums shall be deemed to have been earned and nonrefundable, for all periods reported in the roster more than 60 days prior to the submission by Subscriber of a corrected roster. Subscriber further agrees to allow the Trustee, its Administrator or SiriusPoint America Insurance Company to inspect all records that pertain to the insurance plans of the Trust.
6. Subscriber agrees to pay to the Trustee or to its Administrator all premiums which become due and payable, and understands that any payment more than 31 days in default may cause the termination of this Agreement and suspension of all benefits as of the due date.
7. Subscriber hereby appoints the Trust Administrator to represent it in all dealings with the Trustee which have to do with the insurance coverage.
8. Subscriber agrees that in the event of its withdrawal as a Subscriber, no further claim (except as may be provided under any extended benefits provision of the policy) will be made against the Policy.  
  
Any party to the Trust Agreement may terminate this Subscription Agreement upon 30 days' written notice to the other parties.
9. Subscriber shall bear no risk or responsibility for the performance of the insurance coverages.
10. Trustee shall indemnify the Subscriber from and against any and all claims, suit actions, proceedings or liabilities of any kind including reasonable attorney's fees and expenses arising out of its wrongful conduct, omission or the fault of its agents, employees or members.

**SCHEDULE OF BENEFITS  
ELIGIBILITY**

**The Eligible Persons are:**

All International students with a current passport or non-immigrant visa, temporarily located outside his or her home country as a non-resident alien and; a) is engaged in educational activities; b) has not obtained permanent residency status in the United States; and c) is not a U.S. Citizen. Participation in this group policy is mandatory for all students unless proof of other coverage equal to or greater than this plan is supplied to the Rogers State University.

**BENEFITS**

**Description of Coverage:** 24-Hour Accident & Sickness Coverage

**Description of Benefits:** Medical Expense Benefit - Injury & Sickness

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto, including any applicable benefit limitations and exclusions. Benefits are payable on the following basis:

For Injury or Sickness:    \_\_ Primary              x   Primary Excess Over \$5,000        \_\_ Excess

**Medical Expense Benefit:** The Covered Person must pay the \$50 (Student Health Center) or the \$100 (outside of the Student Health Center) annual Deductibles before benefits are paid.

After the applicable deductible has been satisfied, the Plan pays a percentage of benefits equal to 80% (after payment of 20% Coinsurance<sup>1</sup>) of covered expenses after the Covered Person has satisfied the applicable Deductible<sup>2</sup> until the Covered Person reaches the per-person Out-of-Pocket<sup>3</sup> Maximum of \$5,000. Once the Covered Person has satisfied their out-of-pocket maximum, it will be 100% up to the maximum benefit of \$250,000. The plan will pay 100% of covered expenses for mandated preventive services as described in the Medical Expenses Benefits section.

In addition, the following Co-payments<sup>4</sup> apply:

Outpatient Physiotherapy .....\$75 per visit  
Outpatient Chiropractic Care.....\$75 per visit

**Outpatient Prescription Drugs:** The Plan pays a percentage of benefits equal to 100% of covered prescriptions after the Covered Person has paid the applicable Co-Payments<sup>4</sup>. The Co-payments<sup>4</sup> for prescription drugs are as follows:

Generic Drugs .....\$10 per prescription  
Brand Name Drugs.....\$20 per prescription

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<sup>1</sup> Coinsurance means the portion of Covered Expenses that the Covered Person must pay.

<sup>2</sup> The deductible is the amount of Covered Expenses the Covered Person owes before the plan will pay for Covered Expenses.

<sup>3</sup> The Out-of-Pocket expenses are the Deductible, Co-payments and Coinsurance amounts that the Covered Person is responsible to pay. (Limitations and Exclusions are NOT included in calculating Out-of-Pocket.)

<sup>4</sup> Co-payment is defined in the Definitions section of this brochure.

**Other Benefit Maximums:**

Medical Treatment Received in Home Country:    Maximum Benefit: \$1,000 per Covered Person

Dental Treatment for Injury Only:                    Maximum Benefit: \$250 per tooth and \$500 per Covered Person

Remains Repatriation Benefit:    Maximum Benefit: \$25,000 per Covered Person  
This must be arranged through the Administrator.

Medical Evacuation Benefit:        Maximum Benefit: \$100,000 per Covered Person  
This must be arranged through the Administrator.

Return Air Fare Benefit:            The policy pays up to \$2,000, if the Insured is hospitalized for at least three (3) days due to an Accident or Sickness. The benefit is provided for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotels and meals to a maximum of \$75.00 per day. This must be arranged through the Administrator.

In the event of death, or life-threatening accident or illness of a parent, sibling, or legal guardian, requiring the Insured to return home after arriving at their placement, the policy will pay for their returning airfare (tourist class) from the host country to their home country point of departure. The Administrator must be advised and approve the flight which must be arranged through the Administrator. Retroactive claims will not be accepted. This benefit is limited to \$2,000.

**Accidental Death & Dismemberment Benefit**

Principle Sum:            \$10,000 per Covered Person

**Part B:**

**SIRIUSPOINT AMERICA INSURANCE COMPANY PREMIUM AMOUNTS**  
**Rates Effective 8/1/23 – 7/31/24**

<u>Tier</u>	<u>Annual Rate</u> 8/1/23 - 7/31/24	<u>Fall Semester</u> 8/1/23 - 12/31/23	<u>Spring Semester</u> 1/1/24 - 5/31/24	<u>Summer Semester</u> 6/1/24 - 7/31/24
Student Only	\$1,394.64	\$581.10	\$581.10	\$232.44

IN WITNESS WHEREOF, and intending to be legally bound, Subscriber has signed this Subscription and Service Agreement on \_\_\_\_\_.

Rogers State University  
\_\_\_\_\_  
(Subscriber)

\_\_\_\_\_  
By:  
Title:

Accepted on: \_\_\_\_\_

ASRM, LLC  
(Administrator)

\_\_\_\_\_  
By: Ward T. Holck  
Title: President & Chief Operating Officer