



## TUITION SECURE

### Tuition and Program Fee Protection Plan

### Summary of Coverage

#### Description of Benefits...

**TUITION SECURE** benefits cover the actual amount of non-refundable Program Fees lost due to a covered student's Complete Withdrawal from the school's academic program as a result of medical reasons. Program Fees include tuition, unused room and board, and other academic fees included in the school's program.

**TUITION SECURE** provides benefits for Medically Necessary Withdrawal due to:

- A medical condition resulting from a covered Injury or Sickness
- Mental Illness
- Substance Abuse
- Death

**TUITION SECURE** pays a benefit for Off-Campus Housing Expenses that become due after a Medically Necessary Withdrawal.

**TUITION SECURE** benefits are reduced by the amount of any refund payable by the school for Program Fees and only if/when the student completes the necessary notice requirements of the school.

**TUITION SECURE** benefits provide valuable protection from potential loss of the student's first significant financial investment. By offering this benefit program, the school demonstrates its commitment to the student's well-being.

#### Schedule of Benefits...

Claim Event	Percentage of Non-Refundable Program Fees / Benefit Amount
<b>Complete Withdrawal<sup>1</sup> Resulting from the student's:</b> <ul style="list-style-type: none"><li>• Injury, Sickness or Death:</li><li>• Mental Illness:</li><li>• Substance Abuse:</li></ul>	<b>100% of the student's eligible Program Fees up to \$5,000</b> <b>100% of the student's eligible Program Fees up to \$5,000</b> <b>50% of the student's eligible Program Fees up to \$5,000</b>
<b>Off-Campus Housing Expense Maximum Benefit:</b>	<b>100% up to \$1,500</b>

<sup>1</sup> Withdrawal must be Medically Necessary.

#### Customer Service & Filing a Claim...

If you have questions about this program, to request a claim form, instructions on how to submit a claim or claim status, please contact the ASRM Customer Service Department at 1-800-359-7475, Monday through Friday, 8:30 a.m. to 5:30 p.m., ET.

Este folleto contiene un resumen en inglés de su Programa de Beneficios de Grupo. Si usted tiene dificultad en entender cualquier parte de esta folleto, llame al número gratuito 1-800-359-7475. Nuestros representantes de consulta están disponibles de 8:30 a.m. a 5:30 p.m., lunes a viernes (hora del Este).

If you need to file a claim, you may request a claim form from your school or you may call the ASRM Customer Service Department at 1-800-359-7475. Completed claims should be either mailed or emailed to: ASRM, LLC - Claims Department, 505 S. Lenola Road, Suite 231, Moorestown, NJ 08057; [tuitionsecure@asrmllc.com](mailto:tuitionsecure@asrmllc.com). Except in the absence of legal capacity, claims must be submitted within one year of the date of the loss.

If you disagree with the claim determination, you may request a review within 180 days of the initial denial. If you do not submit your appeal on time, you generally will lose the right to appeal the denial. Your appeal must be in writing, clearly stating the reason you believe the denial is incorrect, and include any additional documentation that you feel would support a further review of your claim. You (on request and at no charge) may have reasonable access to and receive copies of all relevant documents concerning your claim. The reviewer of your appeal will be a different person or persons from the reviewer of your initial claim and will not be a subordinate of the initial reviewer. Your claim will be reviewed and a decision will be issued within 60 days from the date your appeal was received. If the decision on appeal continues to deny your claim, you will be furnished with a notice of adverse benefit determination on review, setting forth: (a) the specific reason(s) for the denial; (b) the specific policy provision(s) on which the decision is based; (c) a statement of your right to review (on request and at no charge) relevant internal guidelines, documents, and other information; and (d) a statement of your right to bring a lawsuit. Appeals should be submitted to: ASRM, LLC – Appeals Department, 505 S. Lenola Road, Suite 231, Moorestown, NJ 08057.

## Key Terms...

**Complete Withdrawal** means the covered student's failure to complete the Program and to receive any professional or academic credit for the Program. The withdrawal must be for the balance of the term or session. Complete withdrawal from the Program includes but is not limited to failure to attend regularly scheduled classes (excluding online classes), sessions or other Program related activities. For institutions and/or programs that issue academic credits, Complete Withdrawal must result in the loss of all scholastic credits for the term. Completion of the Program's (school's) official process for withdrawal, if any, is also required.

**Medically Necessary Withdrawal** means Complete Withdrawal due to:

- the covered student's death; or
- covered Injury or Sickness that results in a medical condition that is certified in writing by a competent Physician as being one that prevents the covered student from attending or successfully completing the Program. The Physician must provide Treatment of the Injury or Sickness and certify in writing that the covered student's medical condition requires them to withdraw from the Program before doing so. A Medically Necessary Withdrawal due to Mental illness must be certified by a licensed psychiatrist or psychologist NOT related to the covered student by blood or marriage, or any person residing in their household.

**Mental Illness** means the treatment of clinically significant mental illness, nervous and emotional issues identified in the most recent edition of the International Classification of Diseases or of the Diagnostic and Statistical Manual of the American Psychiatric Association. **Off-Campus Housing Expenses** means the cost of housing arrangements provided under a written lease or rental agreement between the covered student and another party not including the Program provider or anyone related to the covered student.

**Physician** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the covered student or their spouse, children, brothers, sisters, or parents, any other person related to them by blood or marriage, or any person residing in their household

**Program** means the academic course (offered for academic or scholastic credit), professional training session and/or cultural exchange and or enrichment program sponsored by, offered through, or affiliated with the Policyholder.

**Program Fees** means the actual amount of tuition or Program cost, fees or other costs, excluding books, unused room and board and other academic fees included in the Program cost or otherwise paid directly to the Program provider for the applicable Program term. Program Fees excludes late fees and non-program fees such as postage, visa processing, convenience fees, fees/costs for Travel as well as grants, scholarships and other reductions to the Program cost received by the Insured. Program Fees do not include any cost for Room, meals, Off-Campus Housing Expenses (except as noted in the above Schedule of Benefits), and any other fees/charges that were/are not paid directly to the Program provider.

**Substance Abuse** means the treatment of clinically significant alcohol or substance abuse disorders identified in the most recent edition of the International Classification of Diseases or the Diagnostic and Statistical Manual of the American Psychiatric Association.

## Limitations...

**Pre-existing conditions limitations:** Any condition for which the student, before becoming insured under this policy, exhibited symptoms which would have caused a person to seek care or treatment; or received medical treatment, care or advice within the Pre-existing Conditions Period below will not be covered for that condition until the covered student has been covered under the policy for the Continuous Period below.

Pre-existing Conditions Period: ..... 6 months

Continuous Period: ..... 12 months

## Summary of Exclusions...

Benefits are not payable for any of the following or loss that results from the covered student's:

- use of any drug, narcotic or similar agent, unless prescribed or taken under the direction of a Physician, or other substance abuse or alcoholism unless covered in the Schedule of Benefits.
- failure to attend classes for any reason other than Injury or Sickness.
- activation, induction or draft into the armed forces.
- withdrawal when credit was received for an incomplete term or Program, completion of academic requirements and/or early graduation.
- acts of war, declared or undeclared; or while serving in the armed forces of any country; or acts of terrorism.
- participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or engaging in an illegal occupation.
- participation in or practice for semi-professional or professional sports.
- any room, meals, or other fees charges that are not paid directly to the Program provider unless covered by a specific benefit.

- nuclear reaction, nuclear radiation or radioactive contamination.
- change in enrollment status including, but not limited to, changing from a full-time to part-time student, or a reduction in the number of classes, sessions or activities.
- fear of Communicable Disease, Epidemic, Pandemic or Act of Terrorism.
- partial or complete cessation of Program operations by the school or Program provider.
- quarantine required by any authorized regulatory entity.
- operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so.
- skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, ski jumping, riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile; or, flight in any type of aircraft. This does not include while riding as a fare-paying passenger on a regularly-scheduled, licensed, commercial, nonmilitary aircraft.

This Summary of Coverage is intended to provide information about the benefit program for which you have enrolled. Every effort has been made to ensure the accuracy of this summary. This brochure is not a legal document. The actual insurance policy contains additional provisions not fully described in this document. If there are any discrepancies between this summary of coverage and the policy, the policy will govern.

This benefit program is underwritten by SiriusPoint America Insurance Company, New York, New York under policy form series SA-BTP1-20-1000DC, et al.