

StudentSecure®
ID Number: [REDACTED]

Participant Name and Covered Dependents:
[REDACTED]

Participant Mailing Address:
[REDACTED]

Citizenship of Participant: France

Effective Date: September 1, 2013

Home Country of Participant: France

Termination Date: December 31, 2013

Country of Assignment: United States

Length of Coverage: 122 days

Actual effective date and period may vary based on the provisions of this coverage.

Coverage: StudentSecure® SELECT

Certificate Period Maximum:
\$300,000 Participant
\$ 50,000 Spouse
\$ 50,000 Child

Deductibles:
In-network, outside U.S. or student health center: \$ 100 ER deductible
Out of network: \$ 25 per Incident
\$ 50 per Incident

Online Fulfillment: Yes

Shipping Charges: \$0.00

Purchase Date: 8/31/2013

Paid By: [REDACTED]

Total Paid: \$ 292.80

Premium: \$ 278.59

Surplus Lines Taxes: \$ 13.93

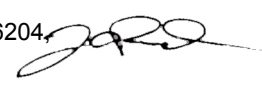
Surplus Lines Fees: \$ 0.28

Plan Administrator:

HCC Medical Insurance Services, LLC
251 N. Illinois St., Ste. 600
Indianapolis, IN 46204

This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact HCC Medical Insurance Services.

A summary of the coverage available under this plan is available at: <http://www.hccmis.com/docs/4501150413.pdf>.

Surplus Lines Broker: John Andrew Bard, 251 N. Illinois Street, Suite 600, Indianapolis, IN, 46204, 
FL License # P196808

Producer: Keith Clausen, 224 First Street, Neptune Beach, FL, 32266 FL license # P013357

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