SUPPLEMENTAL STATEMENT FOR ELECTIVE TUITION REFUND PLAN

Washington College
Business Office
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Chestertown, MD 21620
E-mail: dbergen2@washcoll.edu
Phone: 410-778-7266 Fax: 410-810-7105
Web Site: www.washcoll.edu

ACCOUNT NO.

PREMIUM
$120.00

Student Name _____

Address _____

City, State, Zip Code _____

PLEASE DETACH AND RETURN THIS STUB TO THE ADDRESS LISTED ABOVE TO BE ENROLLED IN THE TUITION INSURANCE COVERAGE. THIS MUST BE RECEIVED BY JANUARY 18, 2013 IN ORDER TO SECURE COVERAGE.

DATE	DESCRIPTION	PREMIUM
12/1/12	ELECTIVE TUITION REFUND PLAN INSURES SEMESTER TUITION OF $19,972 TO EFFECT COVERAGE YOUR ACCOUNT WILL BE BILLED THIS AMOUNT ►	$ 120.00

NOTE:
By enrolling in this coverage for the fall semester you will automatically be enrolled for the spring semester and your student account will be billed accordingly.

TUITION REFUND PLAN – REFUNDS ARE MADE FOR:

WITHDRAWAL DUE TO INJURY OR SICKNESS

100% of the insured semester tuition, less any refund or credit due you from the College, will be refunded provided your medical condition is certified by a licensed physician and forces you to completely withdraw from all classes for the balance of the semester.

WITHDRAWAL DUE TO PSYCHOLOGICAL OR EMOTIONAL CONDITIONS

60% of the insured semester tuition, less any refund or credit due you from the College, will be refunded provided your medical condition is certified by a licensed physician and forces you to completely withdraw from all classes for the balance of the semester for any condition whose diagnosis is found in the American Psychiatric Association's DSM-IV Manual.

WHY DO YOU NEED THE TUITION REFUND PLAN ?

Because commitments for salaries and maintenance are on an annual basis, the absence or withdrawal of a student does not reduce operating expenses of the College. For this reason, parents and students should fully understand their financial obligation for tuition and other fees. The financial commitment is for the full semester. Unfortunately, because of illness, accident or other medical reasons, some students are unable to complete the full semester, and in these instances, the protection afforded by this Plan will be a welcomed resource.

Subject to its terms, conditions and limitations and in the event of a covered separation of a student, the Tuition Refund Plan will pay benefits to the College which provide substantial assistance in first meeting any outstanding financial obligation of yours to the College. Any remaining benefits not required to meet your obligation to the College will be refunded to you by the College.

TERMS AND CONDITIONS OF COVERAGE

Coverage is from the first day of classes of the semester to the close of that semester, provided that application is made prior to the opening day. Coverage is for tuition on a per semester basis only. A complete withdrawal from the College is required, including written verification that you will not complete the semester due to an illness or accident and you will not receive any academic credit. Coverage ceases on the last day of academic instruction by the College due to any reason. All Psychological/Emotional withdrawals will be classified in accordance with the American Psychiatric Association's DSM IV Manual.

CLAIMS

Claim forms with instructions are available at the Washington College Business Office. Claims should be reported within 30 days from date of occurrence, or as soon thereafter as is reasonably possible. Students should arrange for the completion of the claim form.
If you have any questions pertinent to insurance coverage, please call A.W.G. Dewar at (617) 774-1555.

NOT COVERED UNDER PLAN

1. War or act of war, declared or undeclared: participation in a riot
2. Terrorism
3. Withdrawal due to the use of any drug, narcotic or an agent which is similarly classed or has similar effects unless it is given by and while under the care of a doctor.
4. Failure to attend classes for any reason other than injury or sickness.
5. Withdrawal when the student receives credit for an incomplete term.
6. Suicide or self-inflicted injury or sickness.
7. Nuclear reaction, nuclear radiation or radioactive contamination.

UNDERWRITERS

The Tuition Refund Plan is underwritten by the Atlantic Specialty Insurance Co., New York, NY, for A.W.G. Dewar, Inc., Four Batterymarch Park, Quincy, MA 02169-7468, E-mail: trp@dewarinsurance.com Website: www.tuitionrefundplan.com. This statement is a summary only, subject to the provisions of the insurance policy on file in the Business Office.