

ELIGIBILITY

All domestic students currently enrolled at Golden Gate University are eligible to purchase coverage.

Students may purchase coverage for an annual rate of \$1,557 per plan year. Rates are also available for periods of less than a plan year. For more information, please see the included enrollment form or contact Renaissance Agencies, Inc. at 1-800-537-1777.

Coverage for dependents, including newborn children, is not available under this plan.

The Company maintains its right to investigate student status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

TERMS OF COVERAGE

Coverage becomes effective at 12:01 a.m. on the first date of the applicable term if the enrollment form and premium are postmarked before this date. If the enrollment form and premium are postmarked on or after the first date of the applicable plan term, coverage will be effective at 12:01 a.m. on the date immediately following the date on which the enrollment form and premium are postmarked. In the absence of a postmark, coverage will begin at 12:01 a.m. on the day after the enrollment form and premium are received at Renaissance Agencies, Inc.

Enrollment forms and premium cannot be accepted after the Enrollment Deadline Dates listed.

Coverage terminates at 12:01 a.m. on the earliest of the following dates:

1. The date the Policy is terminated by the Policyholder;
2. The termination date of the Term of Coverage for which premium is paid; or
3. The date an Insured enters full-time active military service.

Please note that continuing students must renew their coverage within 31 days of their previous termination date in order to maintain Continuous Coverage, regardless of the Enrollment Deadline Date. Interruption of insurance coverage may result in ineligibility for benefits for an Injury or Sickness that occurred before or during the interruption. Avoid allowing your insurance to expire. Enrollment in this plan after an Injury or Sickness occurs may not provide benefits for that Injury or Sickness.

The dates of coverage for the Policy terms are:

<i>Term</i>	<i>Effective Date</i>	<i>Termination Date</i>	<i>Enrollment Deadline Date</i>
Annual	09/03/06	09/04/07	10/19/06
Fall	09/03/06	01/07/07	10/19/06
Spring	01/07/07	05/06/07	02/15/07
Summer	05/06/07	09/04/07	06/06/07

There is no continuation coverage for this plan for students who are no longer eligible.

Eligibility requirements must be met each time premium is paid to renew coverage.

PREMIUM REFUNDS

No premium refunds are permitted, except when the student enters full-time active military service, in which case a pro-rata refund of premium paid will be made upon request.

PREFERRED PROVIDER ORGANIZATION



Please read the following information so you will know from whom or what group of providers health care may be obtained.

Golden Gate University has incorporated into the coverage for the 2006–2007 insurance plan, access to the California Foundation for Medical Care network of Hospitals and Doctors (PPO). In California, network access provides benefits for Covered Charges incurred at 90% of PPO charges for a covered Injury or Sickness when treated by a network provider. Benefits are provided worldwide for Covered Charges incurred at 70% of R&C when treated by non-network providers. For a complete listing of the PPO Hospital and Doctor facilities, call the California Foundation for Medical Care at **1-800-334-7341** or you may access the internet website: **www.cfmnet.org**.

If an Insured is being treated by a Preferred Provider for an acute, serious chronic condition, pregnancy, newborn, or a terminal illness, and the Provider's contract terminates with the PPO, the Insured may be eligible under certain conditions to continue treatment with the Provider at the PPO rate. Contact the claims administrator for details.

Please be aware that if an Insured is treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. In addition, if an Insured is referred by a PPO provider to another provider or facility, it does not mean that the provider or facility to which the Insured is referred is also a PPO provider. For instance, when a network provider refers you to a lab for tests, be sure it is a network lab. Also, if you have surgery, make sure the anesthetist is a network provider or you will be required to pay the 30% coinsurance.

California mandates coverage for the following benefits: 1) general anesthesia and hospital charges for dental procedures under certain circumstances; 2) annual cervical cancer screening; 3) participation in the Expanded Alpha Feto Protein (AFP) program; 4) diagnosis, treatment and management of osteoporosis, including bone mass measurement; 5) generally medically accepted cancer screening tests; 6) second opinion expense; 7) screening, diagnosis and treatment of breast cancer; 8) mammograms; 9) prosthetic device to restore a method of speaking after laryngectomy; 10) screening and diagnosis of prostate cancer; 11) reconstructive surgery to correct or repair abnormal bodily structures; 12) testing and treatment of PKU; 13) treatment of severe mental illness, the same as any other sickness; 14) treatment, equipment and supplies for diabetes; 15) routine patient care costs for phase, I, II, III or IV clinical trials for cancer; and 16) vaccine for acquired immune deficiency syndrome (AIDS) that has been approved by the FDA and that is recommended by the US Public Health Service. Please see the Policy on file with the University for further details.

EXCESS COVERAGE

This plan of insurance is secondary and provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any other valid and collectible insurance. If the Insured is covered by other valid and collectible insurance, all benefits payable by such insurance will be determined before benefits will be paid by this plan. This plan is the second payor to any other insurance having primary status or no coordination or non-duplication of benefits provision.

Benefits paid by this plan will not exceed: 1) any applicable plan maximums; and 2) 100% of the compensable expenses incurred when combined with benefits paid by any other valid and collectible insurance.

EXCLUSIONS

The Policy won't pay benefits for:

1. Treatment, services or supplies which:
 - a) Are not Medically Necessary;
 - b) Are not prescribed by a doctor as necessary to treat an Sickness or Injury;
 - c) Are determined to be experimental/investigational in nature by the Company;
 - d) Are received without charge or legal obligation to pay;
 - e) Would not routinely be paid in the absence of insurance;
 - f) Are received from any family member;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane;
4. Riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline;
5. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or insurrection or engaging in an illegal occupation;
6. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of an Injury that occurred while covered under the Policy or as specifically provided herein;
7. Injury caused by, contributed to or resulting from the Insured's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose prescribed by the Insured's Doctor;
8. Expense incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails;
9. Expense incurred in connection with: acne; deviated nasal septum, including submucous resection and/or other surgical correction thereof, except when the direct result of Injury incurred while covered under this Policy; nonmalignant warts, moles and lesions;

EXCLUSIONS (continued)

10. Treatment of mental or nervous disorders, except as specifically provided;
11. Dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth, except for repair of Injury to teeth;
12. Vaccines, preventive medicines or serums unless required as a result of Injury and administered within the first 24 hours;
13. Expenses resulting from a motor vehicle accident if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are insured under the Policy;
14. Practice or play in any intercollegiate sports activity, including travel to and from the activity and practice;
15. Services rendered by employees or Doctors or other persons employed or retained by the University or for the use of the University's facilities;
16. Routine physical examinations;
17. Eye examinations, eye glasses, contact lenses, radial keratotomy and laser surgery and/or related services or hearing aids;
18. Outpatient prescription drugs;
19. Crutches, wheelchairs or orthopedic appliances except when Medically Necessary during the initial treatment of an Injury; and
20. Expenses incurred for Pre-Existing Conditions. This limitation will be waived if, during the period immediately preceding the Insured's effective date of coverage under this Policy, the Insured was covered under prior creditable coverage for six (6) consecutive months. This waiver will apply only if the Insured maintains Continuous Coverage. Prior creditable coverage of less than six (6) months will be credited toward satisfying the Pre-Existing Condition limitation. The Insured must provide the Company with proof of prior creditable coverage.

DEFINITIONS

Accident means a sudden, unforeseeable external event which results in an Injury. The Accident must occur while the Insured is covered under the Policy.

Continuous Coverage means that period of time that an Insured Person is continuously covered under the Policy and/or any prior creditable coverage with no greater than a 63-day lapse between the effective date of coverage under the Policy and the termination of prior creditable coverage.

Covered Charge means the Reasonable and Customary Charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of a Sickness or Injury. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

Covered Charges for treatment of diabetes shall include: 1) blood glucose monitors and blood glucose testing strips; 2) blood glucose monitors designed to assist the visually impaired; 3) insulin pumps and all related necessary supplies; 4) ketone urine testing strips; 5) lancets and lancet puncture devices; 6) pen delivery systems for the administration of insulin; 7) podiatric devices to prevent or treat diabetes-related complications; 8) insulin syringes; 9) visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and 10) outpatient self-management training, education, and medical nutrition therapy, as Medically Necessary, upon the direction or prescription of the attending Doctor.

Covered Charges for treatment of a mental or nervous disorders include only the following: 1) schizophrenia; 2) schizoaffective disorder; 3) bipolar disorder (manic-depressive illness); 4) major depressive disorders; 5) panic disorder; 6) obsessive-compulsive disorder; 7) pervasive developmental disorder or autism; 8) anorexia nervosa; and 9) bulimia nervosa; seizures of any kind.

Doctor means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and who is not a family member, including but not limited to: a doctor of medicine; a doctor of osteopathy; a dentist; a podiatrist, a chiropractor; an optometrist; or a psychologist.

Hospital Confined or Hospital Confinement means confinement in a hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable.

Injury means bodily injury due to an Accident which: 1) results solely, directly and independently of disease, bodily infirmity or any other causes; 2) occurs after the Insured's effective date of coverage; and 3) occurs while coverage is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

Insured means any eligible student who is insured under the Student Accident and Sickness Insurance Plan.

DEFINITIONS (continued)

Medically Necessary means a treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided.

Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) months prior to the Insured's effective date of coverage under the Policy. Pregnancy, including complications of pregnancy, will not be considered a pre-existing condition.

Reasonable and Customary (R&C) means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of: 1) the actual amount charged by the provider; 2) the negotiated rate, if any; or 3) the charge which would have been made by the provider of medical services for a comparable service or supply made by other providers in the same geographic area, as reasonably determined by the Company, for the same service or supply.

Sickness means illness or disease which begins after the effective date of an Insured's coverage, which are not a Pre-Existing Condition. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

CLAIM PROCEDURE

In the event of Injury or Sickness:

1. You may choose any Doctor or hospital, but using the Doctors and hospitals available through the California Foundation for Medical Care (PPO) may decrease your costs. For a complete listing of these PPO hospital and Doctor facilities, call **1-800-334-7341** or access the internet website: **www.cfmnet.org**.
2. If you go to a Doctor's office or to the hospital, be sure to show your insurance identification card. If the Doctor or hospital needs to verify coverage for you, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

You should carry your insurance ID card with you at all times.

3. Obtain claim forms by contacting Personal Insurance Administrators, Inc., or you may download a claim form at: **www.renstudent.com**
4. Follow the instructions for completing the claim forms and filing claims which are listed on the claim forms.
5. Send claim forms along with itemized hospital and medical bills to:

**Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040**

6. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

The completed claim form and all hospital and medical bills must be submitted for payment within 90 days after the date loss occurs. Failure to furnish this information within the 90-day period shall not invalidate nor reduce your claim if it was not reasonably possible to file the claim within this time, provided that the claim form is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of first medical treatment.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity.

Always keep a copy for your files of all forms submitted for claims.

**STUDENT ACCIDENT AND SICKNESS MEDICAL EXPENSE INSURANCE
DESCRIPTION OF BENEFITS**

Maximum Lifetime Benefit	\$50,000 per Injury/Sickness
Daily Room and Board, including general nursing services —when Hospital Confined up to the daily semi-private room rate	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized.
Miscellaneous Hospital Expenses —for use of operating room, anesthesia, x-ray examination, laboratory tests, drugs or medicines, therapeutic services or supplies when Hospital Confined and while receiving Room and Board benefits	1. First day of hospitalization: 90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to a maximum of \$1,500; 2. Each day thereafter: 90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to a maximum of \$1,000 per day.
Outpatient Surgical Facility Benefit (excluding Emergency Room and Doctor's office)	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; to a maximum of \$2,500.
Hospital Outpatient or Emergency Room Expense not including medications and dispensing of drugs	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized (90% in the case of a life-threatening emergency).
Surgeon Expense	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; to a maximum of \$2,500.
Assistant Surgeon	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to 20% of the surgery fee paid.
Administration of Anesthetics	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to 25% of the surgery fee paid.
Dental Treatment —for Injury to natural teeth	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to a maximum of \$500 per Injury.
Ambulance Service	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to a maximum of \$500 per condition.
Doctor's Visits (inpatient)	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized.
Doctor's Visits (outpatient) —limited to one Doctor's visit per day. (Benefits do not apply when related to surgery.)	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized.
Consultant —requested and approved by the attending Doctor	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized.
Diagnostic Imaging and Laboratory Procedures —when followed by medical treatment prescribed by the attending Doctor for the diagnosed Sickness Diagnostic Imaging and Laboratory Procedures, other than CAT scan or MRI CAT Scan and/or MRI	90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to a maximum of \$700 per condition. 90% of allowable charges when a PPO provider is utilized; 70% of R&C when a non-PPO provider is utilized; up to a maximum of \$700 per condition.

**CERTIFICATION OF
QUALIFYING HEALTH PLAN COVERAGE**

If an Insured is no longer eligible to be insured under the plan, the Insured should request a Certification of Qualifying Health Plan Coverage from Renaissance Agencies, Inc. This request can be made by phone or in writing. This request must include the name of the school and the name of each person who is no longer eligible to be insured under the plan.

AUTHORIZED REPRESENTATION

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.

If you would like to authorize an additional party to act as your personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Agencies, Inc. at the address below or complete a form via the internet at: www.renstudent.com.

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you and we are committed to protecting your privacy. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review and correct all personal information collected. You may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing this policy, by writing to the address or visiting the website shown below. You may also submit a request, in writing, to review your information at the address below.

Renaissance Agencies, Inc.
Attention Privacy Manager
P.O. Box 2300
Santa Monica, CA 90407-2300
Phone: (800) 537-1777
Facsimile: (310) 394-0142
Website: www.renstudent.com

**NATIONWIDE LIFE
HIPAA NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Nationwide; for purposes of this policy, "Nationwide" or "We" means the health plan components of Nationwide Life Insurance Company ("Nationwide Life"), which is a hybrid covered entity and for which Nationwide Health Plans ("NHP"), which is a business associate of Nationwide Life Insurance Company, performs certain administrative services relating to the Nationwide Life health insurance products. As permitted by law, Nationwide will share protected health information of members as necessary to carry out treatment, payment, and health care operations.

We are required by HIPAA and certain state laws to maintain the privacy of our members' protected health information and to provide members with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. Copies of the revised notices will be available online and copies may be obtained by mailing a request to your designated contact point under the Summary of Privacy Policy on page 12.

HIPAA NOTICE (continued)

Protected health information that is the subject of this Notice is information that is created or received by Nationwide; and relates to the past, present or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member; and that identifies the member for which there is a reasonable basis to believe the information can be used to identify the member. Protected health information includes information of persons living or deceased.

The following components of a member's information also are considered protected health information:

1. names;
2. street address, city, county, precinct, zip code;
3. dates directly related to a member, including birth date, admission date, discharge date, and date of death;
4. telephone numbers, fax numbers, and electronic mail addresses;
5. Social Security numbers;
6. medical record numbers;
7. health plan beneficiary numbers;
8. account numbers;
9. certificate/license numbers;
10. vehicle identifiers and serial numbers, including license plate numbers;
11. device identifiers and serial numbers;
12. Web Universal Resource Locators (URL'S);
13. biometric identifiers, including finger and voice prints;
14. full face photographic images and any comparable images; and
15. any other unique identifying number, characteristic, or code.

HIPAA NOTICE (continued)

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your authorization. Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, unless we have taken any action in reliance on the authorization.

Disclosures for Treatment. We will make disclosures of your protected health information as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain of your protected health information that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your health benefits plan. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium on your long-term care or Medicare supplemental policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

HIPAA NOTICE (continued)

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information by contract.

Communications With You. We may communicate with you regarding your claims, premiums, or other things connected with your health plan or insurance. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You must request such confidential communication in writing.

Other Health-Related Products or Services. We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the health plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a health plan member. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Information Received Pre-Enrollment. We may request and receive from you and your health care providers protected health information either prior to your enrollment in the health plan or the issuance of your policy. We will use this information to determine whether you are eligible to enroll either in the health plan or for a policy, and to determine your rates. We will protect the confidentiality of that information in the same manner as all other protected health information we maintain and, if you either do not enroll in the health plan or if the policy is not issued, we will not use or disclose the information about you we obtained for any other purpose without your authorization.

NATIONWIDE LIFE
INSURANCE COMPANY

POLICY NUMBER
302-102-0404

**2006-2007
GOLDEN GATE UNIVERSITY
STUDENT INSURANCE ENROLLMENT FORM**

1. PLEASE PRINT CLEARLY

STUDENT'S LAST NAME			
STUDENT'S FIRST NAME			INITIAL
STUDENT'S PERMANENT MAILING ADDRESS—STREET			APT/BOX #
CITY		STATE	ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)		
STUDENT'S SOCIAL SECURITY NO.		STUDENT ID NUMBER	
STUDENT'S E-MAIL ADDRESS			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

2. MARK THE PLAN YOU HAVE SELECTED

	ANNUAL	FALL	SPRING	SUMMER
	9/03/06	9/03/06	1/07/07	5/06/07
	to 9/04/07	to 1/07/07	to 5/06/07	to 9/04/07
DEADLINE	10/19/06	10/19/06	2/15/07	6/06/07

STUDENT \$1,557.00 \$519.00 \$519.00 \$519.00

ENROLLMENT FORM AND PREMIUM WILL NOT BE ACCEPTED AFTER THE DEADLINE DATES LISTED ABOVE.

PLEASE NOTE THAT CONTINUING STUDENTS MUST RENEW THEIR COVERAGE WITHIN 31 DAYS OF THEIR PREVIOUS TERMINATION DATE IN ORDER TO MAINTAIN CONTINUOUS COVERAGE, REGARDLESS OF THE ENROLLMENT DEADLINE DATE.

3. MAKE CHECK OR MONEY ORDER PAYABLE TO:
RENAISSANCE AGENCIES, INC.

4. RETURN PAYMENT WITH ENROLLMENT FORM TO:
RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

PLEASE NOTE THAT COVERAGE WILL BECOME EFFECTIVE ONLY AFTER PAYMENT IS RECEIVED. PLEASE SEE THE TERMS AND CONDITIONS ON PAGE 3 OF THE BROCHURE.

5. DETACH AND RETAIN ID CARD FOR PROOF OF COVERAGE.

6. STUDENT MUST SIGN FORM BELOW.

MY SIGNATURE BELOW CONFIRMS THAT I HAVE READ AND UNDERSTAND THE CONDITIONS STATED IN THE STUDENT ACCIDENT AND SICKNESS INSURANCE BROCHURE WHICH DESCRIBES THE PLAN.

STUDENT'S SIGNATURE _____ DATE SIGNED _____

CA LICENSE NO. 0697235, RENAISSANCE AGENCIES, INC.

Underwritten by:
Nationwide Life Insurance Company
Policy No. 302-102-0404

For questions regarding benefits or claims:
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
1-800-468-4343
www.piaclaims.com

For questions regarding eligibility or enrollment:
Renaissance Agencies, Inc.
P.O. Box 2300
Santa Monica, CA 90407-2300
1-800-537-1777
CA License No. 0697235

**To download brochures, claim forms or ID cards,
access the internet website:**
www.renstudent.com

ID CARD—PLEASE DETACH AND RETAIN FOR PROOF OF COVERAGE

Underwritten by
NATIONWIDE LIFE INSURANCE COMPANY

INSURED _____

Student of

GOLDEN GATE UNIVERSITY
2006–2007 STUDENT INSURANCE PLAN
Policy Number 302-102-0404

*Both the effective and termination dates of coverage are at
12:01 a.m. and are subject to verification by the Company.*

(Address on reverse side)



This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a policy of blanket injury and sickness insurance underwritten by Nationwide Life Insurance Company. As evidence of your coverage, a policy of insurance (Policy Number 302-102-0404) has been issued to your school which contains the benefits and provisions which apply to the plan of insurance sponsored by your school. Any discrepancy between this brochure and the policy will be governed by the policy. Please keep this brochure for future reference.

For questions regarding claims and coverage, contact:

PERSONAL INSURANCE ADMINISTRATORS, INC.

P.O. Box 6040
Agoura Hills, CA 91376-6040
1-800-468-4343
www.piaclaims.com

NOTE: Benefits are subject to payment of appropriate premium and verification of eligibility.



For information on Preferred Providers, call **1-800-334-7341** or access the internet website: **www.cfmnet.org**