



**Pohs Institute**  
1400 Old Country Rd. Suite C100  
Westbury, NY 11590  
Phone: 516-997-8360  
Fax: 516-997-5446

Locations: NYC, Westchester, Westbury  
Approved by the NY Dept of Financial Services  
Stan Gruverman, *President*  
www.pohsinstitute.com

## **ACCIDENT & HEALTH INSURANCE ONLY** **PRE-LICENSING COURSE- 2017**

Qualifies Students to take the NY Accident & Health Only Agent/Broker State Examinations

**TUITION: \$299 (INCLUDES TEXTBOOK)**

### **COURSE HIGHLIGHTS**

- Types of Accident and Health Policies
- Policy Riders, Provisions, Options
- Underwriting Procedures
- NY State Law
- Health Maintenance Organizations (HMO)
- Other Insurance Concepts
- Social Insurance
- Medicare Supplements
- Long Term Care

### **COURSE PROCEDURES**

#### **TEXT BOOKS**

Students ***are required*** to obtain the textbook ***prior to*** the beginning of class in order to complete a mandatory self-study assignment due on the first day of class. Students may arrange to pay a \$16 shipping & handling fee when registering for class ***or*** pick-up the textbook free of charge from the Westbury or NYC school locations. Textbooks are shipped via UPS Ground 2-Day.

Pohs Institute ***strongly recommends*** all students register at least seven (7) days prior to class in order to properly read, comprehend and complete the first self-study assignment.

#### **SELF-STUDY ASSIGNMENTS**

The first self-study assignment is due on the first day of class. The required assignment, along with instructions, will be included with the textbook.

### **EXAM REVIEW CD-ROM SPECIAL PACKAGE**

Receive the popular Exam Review CD-ROM  
for only \$40.00\* (regularly \$49.95) plus sales tax



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## 2017- Accident & Health Only Schedule

### *25 total hours*

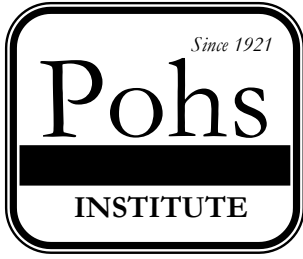
*(15.5 hours in-class; 6.5 hours of self-study; 3-hour final exam)*

<b>SCHEDULE TYPES</b>	
<b>2 ½ DAY (accelerated)</b>	Mon (9:00AM-5:30PM), Wed (9:00AM-5:00PM) & Fri (9:00AM – 12:00PM - Final Exam Only)
<b>WED/SAT (part-time)</b>	Wed (6:00PM-9:30PM), Wed (6:00PM-9:30PM) Sat (9:00AM-5:30PM) & Wed (6:00PM-9:00PM- Final Exam Only)

<b>WESTBURY</b>	
<b>1400 Old Country Rd, Suite C-100, Westbury, NY 11590</b>	
<b>Start Dates (last date is final exam)</b>	<b>Days of Week</b>
Mar 13, 15, 17	Mon/Wed/Fri (accelerated)
Mar 27, 29, 31	Mon/Wed/Fri (accelerated)
Apr 17, 19, 21	Mon/Wed/Fri (accelerated)
<del>Apr 24, 28, 5/1</del> <b>Rescheduled</b>	<del>Mon/Fri/Mon (accelerated)</del>
May 8, 10, 12	Mon/Wed/Fri (accelerated)
May 22, 24, 26	Mon/Wed/Fri (accelerated)
May 31, 6/7, 10, 14	Wed/Wed/Sat/Wed (part-time)
June 5, 7, 9	Mon/Wed/Fri (accelerated)
June 19, 21, 23	Mon/Wed/Fri (accelerated)
July 10, 12, 14	Mon/Wed/Fri (accelerated)
July 24, 28, 31	Mon/Fri/Mon (accelerated)
Aug 7, 9, 11	Mon/Wed/Fri (accelerated)
Aug 21, 23, 25	Mon/Wed/Fri (accelerated)
Sept 12(Tues), 14, 18(Monday)	Tues/Thur/Mon (accelerated)
Sept 25, 27, 29	Mon/Wed/Fri (accelerated)
Oct 4, 11, 14, 18	Wed/Wed/Sat/Wed (part-time)
Oct 16, 20, 23	Mon/Fri/Mon (accelerated)
Oct 24(Tues), 26, 30(Monday)	Tues/Thur/Mon (accelerated)
Nov 6, 8, 10	Mon/Wed/Fri (accelerated)
Nov 20, 22, 27(Monday)	Mon/Wed/Mon (accelerated)
Dec 4, 6, 8	Mon/Wed/Fri (accelerated)
Dec 18, 20, 22	Mon/Wed/Fri (accelerated)

<b><u>MANHATTAN</u></b>	
<b>80 Maiden Lane, 9<sup>th</sup> Floor, NY, NY 10038</b>	
<b>Start Dates</b> (last date is final exam)	<b>Days of Week</b>
Mar 20, 22, <b>24</b>	Mon/Wed/Fri (accelerated)
Apr 3, 5, <b>7</b>	Mon/Wed/Fri (accelerated)
Apr 19, 26, 29, <b>5/3</b>	Wed/Wed/Sat/Wed (part-time)
May 1, 5, <b>8</b>	Mon/Fri/Mon (accelerated)
May 15, 17, <b>19</b>	Mon/Wed/Fri (accelerated)
June 12, 14, <b>16</b>	Mon/Wed/Fri (accelerated)
June 26, 28, <b>30</b>	Mon/Wed/Fri (accelerated)
July 5, 12, 15, <b>19</b>	Wed/Wed/Sat/Wed (part-time)
July 17, 19, <b>21</b>	Mon/Wed/Fri (accelerated)
July 31, 8/4, <b>7</b>	Mon/Fri/Mon (accelerated)
Aug 14, 16, <b>18</b>	Mon/Wed/Fri (accelerated)
Aug 28, 30, <b>9/1</b>	Mon/Wed/Fri (accelerated)
Sept 6, 13, 16, <b>19(Tues)</b>	Wed/Wed/Sat/Tues (part-time)
Sept 25, 27, <b>29</b>	Mon/Wed/Fri (accelerated)
Oct 9, 11, <b>13</b>	Mon/Wed/Fri (accelerated)
Oct 30, 11/1, <b>3</b>	Mon/Wed/Fri (accelerated)
Nov 13, 17, <b>20</b>	Mon/Fri/Mon (accelerated)
Nov 27, 29, <b>12/1</b>	Mon/Wed/Fri (accelerated)
Dec 6, 13, 16, <b>20</b>	Wed/Wed/Sat/Wed (part-time)
Dec 11, 13, <b>15</b>	Mon/Wed/Fri (accelerated)

<b><u>HAWTHORNE – COMFORT INN</u></b>	
<b>20 Saw Mill River Rd., Hawthorne, NY 10532</b>	
<b>Start Dates</b> (last date is final exam)	<b>Days of Week</b>
May 8, 10, <b>12</b>	Mon/Wed/Fri (accelerated)
Aug 21, 23, <b>25</b>	Mon/Wed/Fri (accelerated)
Nov 6, 8, <b>10</b>	Mon/Wed/Fri (accelerated)



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**Registration Form**

**FAX FORM TO: 212-643-9559 OR SCAN AND EMAIL TO REGISTRATION@POHSINSTITUTE.COM**

Date of Course: \_\_\_\_\_ Course: \_\_\_\_\_ Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

**Please check all that apply:**

**Class Tuition (includes text)..... \$299**

**Exam Review CD-ROM ..... \$40 + sales tax**  
 (special package price – regularly \$49.95)

**Shipping/Handling (UPS Ground)..... \$16**  
 (Text / CD-ROM)

**Ship to:**     **Home**         **Business**         **I'll Pick Up**

**TOTAL: \$ \_\_\_\_\_**

**Payment Type:**

**VISA**                       **MASTERCARD**                       **AMEX**                       **CHECK**

**CREDIT CARD #** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**BILLING ADDRESS:**     **Home**         **Business**         **Other** \_\_\_\_\_

**\*CHECK #** \_\_\_\_\_ **(books cannot be shipped until check clears)**

\*IN THE EVENT OF A RETURNED CHECK A \$35 PENALTY WILL BE IMPOSED AND NO FURTHER CHECKS WILL BE ACCEPTED.

POHS RESERVES THE RIGHT TO CANCEL CLASSES DUE TO INSUFFICIENT REGISTRATION. IN THE EVENT OF A CANCELLED CLASS, ALL TUITION WILL BE RETURNED IN FULL. STUDENTS WHO DO NOT RE-SCHEDULE A CLASS PRIOR TO THEIR ORIGINAL CLASS START DATE WILL BE SUBJECT TO A \$25 RESCHEDULING FEE PAYABLE AT TIME OF RESCHEDULING. HEALTH ONLY TUITION INCLUDES A \$25 NON-REFUNDABLE REGISTRATION FEE.

**I understand and agree to all of the stated conditions:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_