



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- 2019**

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.

ONLINE PRACTICE EXAMS SPECIAL PACKAGE

Receive the popular Online Practice Exam Access
for only \$40.00* (regularly \$49.95) plus sales tax



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2019- Accident & Health Only Schedule

25 total hours

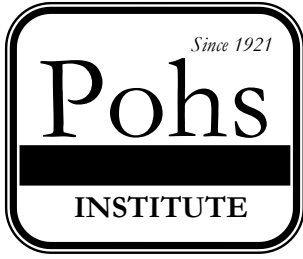
(15.5 hours in-class; 6.5 hours of self-study; 3-hour final exam)

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

<u>WESTBURY</u> 1400 Old Country Rd, Suite C-100, Westbury, NY 11590	
Start Dates (last date is final exam)	Days of Week
Jan 14, 16, 18	Mon/Wed/Fri (accelerated)
Jan 28, 30, 2/1	Mon/Wed/Fri (accelerated)
Feb 13, 20, 23, 27	Wed/Wed/Sat/Wed (part-time)
Mar 11, 13, 15	Mon/Wed/Fri (accelerated)
Mar 25, 27, 29	Mon/Wed/Fri (accelerated)
Apr 22, 24, 26	Mon/Wed/Fri (accelerated)
May 6, 8, 10	Mon/Wed/Fri (accelerated)
May 20, 22, 24	Mon/Wed/Fri (accelerated)
June 10, 12, 14	Mon/Wed/Fri (accelerated)
July 8, 10, 12	Mon/Wed/Fri (accelerated)
July 22, 24, 26	Mon/Wed/Fri (accelerated)
Aug 19, 21, 23	Mon/Wed/Fri (accelerated)
Sept 3(Tues), 5(Thur), 9(Monday)	Tues/Thur/Mon (accelerated)
Sept 16, 18, 20	Mon/Wed/Fri (accelerated)
Oct 14, 16, 18	Mon/Wed/Fri (accelerated)
Nov 11, 13, 15	Mon/Wed/Fri (accelerated)
Dec 2, 4, 6	Mon/Wed/Fri (accelerated)
Dec 16, 18, 20	Mon/Wed/Fri (accelerated)

MANHATTAN
80 Maiden Lane, 9th Floor, NY, NY 10038

Start Dates (last date is final exam)	Days of Week
Jan 7, 9, 11	Mon/Wed/Fri (accelerated)
Jan 23, 30, 2/2, 6	Wed/Wed/Sat/Wed (part-time)
Feb 19(Tues), 21, 25(Monday)	Tue/Thur/Mon (accelerated)
Mar 4, 6, 8	Mon/Wed/Fri (accelerated)
Mar 18, 20, 22	Mon/Wed/Fri (accelerated)
Apr 8, 10, 12	Mon/Wed/Fri (accelerated)
Apr 29, 5/1, 3	Mon/Wed/Fri (accelerated)
May 13, 15, 17	Mon/Wed/Fri (accelerated)
May 29, 6/5, 8, 12	Wed/Wed/Sat/Wed (part-time)
June 24, 26, 28	Mon/Wed/Fri (accelerated)
July 15, 17, 19	Mon/Wed/Fri (accelerated)
July 29, 31, 8/2	Mon/Wed/Fri (accelerated)
Aug 12, 14, 16	Mon/Wed/Fri (accelerated)
Aug 26, 28, 30	Mon/Wed/Fri (accelerated)
Sept 9, 11, 13	Mon/Wed/Fri (accelerated)
Sept 25, 10/2, 5, 10	Wed/Wed/Sat/Thur (part-time)
Oct 21, 23, 25	Mon/Wed/Fri (accelerated)
Nov 4, 6, 8	Mon/Wed/Fri (accelerated)
Nov 18, 20, 22	Mon/Wed/Fri (accelerated)
Dec 9, 11, 13	Mon/Wed/Fri (accelerated)



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Registration Form

FAX FORM TO: 516-997-5446 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:	
<input type="checkbox"/>	Class Tuition (includes text)..... \$299
<input type="checkbox"/>	Online Exam Review..... \$40 + sales tax (special package price – regularly \$49.95)
<input type="checkbox"/>	Shipping/Handling (UPS Ground)..... \$16 (Textbook)
Ship to:	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> I'll Pick Up
TOTAL: \$ _____	
Payment Type:	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK
NAME ON CREDIT CARD: _____	
CREDIT CARD # _____	EXP. DATE: _____
SECURITY CODE: _____	
BILLING ADDRESS:	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> 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: _____