



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

LIFE, ACCIDENT & HEALTH INSURANCE **PRE-LICENSING COURSE- 2018**

Qualifies Students to take the NY Life And/Or Accident & Health Agent/Broker State Examinations

TUITION: \$349 (INCLUDES TEXTBOOK)

COURSE HIGHLIGHTS

- | | |
|---|--|
| <ul style="list-style-type: none">• Types of Life Accident and Health Policies• Annuities• Policy Riders, Provisions, Options• Underwriting Procedures• Taxes and Retirement• NY State Law | <ul style="list-style-type: none">• Other Insurance Concepts• Social Insurance• Medicare Supplements• Long Term Care• Health Maintenance Organizations (HMO) |
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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**

*Online access purchased **anytime after** time of enrollment will be subject to full \$49.95 price.



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2018- Life, Accident and Health Schedule

43 total hours

(23 hours in-class; 17 hours of self-study; 3-hour final exam)

SCHEDULE TYPES	
WED / SAT	(3) Wed (6:00PM - 9:30PM) & (2) Sat (9:00AM - 5:30PM)
1 WEEK ACCELERATED	(1) Mon (9:00AM - 5:30PM), (1) Tues & (1) Wed (9:00AM - 5:00PM) & (1) Fri (9:00AM - 12:00PM - Final Exam Only)

WESTBURY	
1400 Old Country Road Suite C-100, Westbury, NY 11590	
Start Dates (last date is final exam)	Days of Week
Jan 8, 9, 10, 12	Mon/Tue/Wed/Fri (1 Week)
Jan 22, 23, 24, 26	Mon/Tue/Wed/Fri (1 Week)
Feb 12, 13, 14, 16	Mon/Tue/Wed/Fri (1 Week)
Feb 21, 24, 28, 3/3, 3/7	Wed/Sat
Mar 5, 6, 7, 9	Mon/Tue/Wed/Fri (1 Week)
Mar 19, 20, 21, 23	Mon/Tue/Wed/Fri (1 Week)
Apr 9, 10, 11, 13	Mon/Tue/Wed/Fri (1 Week)
Apr 23, 24, 25, 27	Mon/Tue/Wed/Fri (1 Week)
May 7, 8, 9, 11	Mon/Tue/Wed/Fri (1 Week)
May 21, 22, 23, 25	Mon/Tue/Wed/Fri (1 Week)
June 6, 9, 13, 16, 20	Wed/Sat
June 18, 19, 20, 22	Mon/Tue/Wed/Fri (1 Week)
July 9, 10, 11, 13	Mon/Tue/Wed/Fri (1 Week)
July 23, 24, 25, 27	Mon/Tue/Wed/Fri (1 Week)
Aug 6, 7, 8, 10	Mon/Tue/Wed/Fri (1 Week)
Aug 20, 21, 22, 24	Mon/Tue/Wed/Fri (1 Week)
Sept 4(Tues), 5, 6, 11(Tues)	Tue/Wed/Thurs/Tues (1 Week)
Sept 17, 18, 20(Thur.), 24(Mon)	Mon/Tue/Thurs/Mon (1 Week)
Oct 8, 9, 10, 12	Mon/Tue/Wed/Fri (1 Week)
Oct 22, 23, 24, 26	Mon/Tue/Wed/Fri (1 Week)
Nov 5, 6, 7, 9	Mon/Tue/Wed/Fri (1 Week)
Nov 20(Tues), 24, 28, 12/1, 5	Tues/Sat/Wed/Sat/ Wed
Dec 3, 4, 5, 7	Mon/Tue/Wed/Fri (1 Week)
Dec 17, 18, 19, 21	Mon/Tue/Wed/Fri (1 Week)

MANHATTAN 80 Maiden Lane, 9th Floor, NY, NY 10038	
Start Dates (last date is final exam)	Days of Week
Jan 3(Weds), 4, 5, 8(Mon)	Wed/Thurs/Fri/Mon(1 Week)
Jan 17, 20, 24, 27, 31	Wed/Sat
Feb 5, 6, 7, 12(Mon)	Mon/Tues/Wed/ Mon (1 Week)
Feb 26, 27, 28, 3/2	Mon/Tue/Wed/Fri (1 Week)
Mar 12, 13, 14, 16	Mon/Tue/Wed/Fri (1 Week)
Apr 2, 3, 4, 6	Mon/Tue/Wed/Fri (1 Week)
Apr 16, 17, 18, 20	Mon/Tue/Wed/Fri (1 Week)
Apr 25, 28, 5/2, 5, 5/9	Wed/Sat
May 14, 15, 16, 18	Mon/Tue/Wed/Fri (1 Week)
May 29(Tues), 30, 31, 6/4(Mon)	Tue/Wed/Thur/Mon (1 Week)
June 11, 12, 13, 18(Mon)	Mon/Tue/Wed/Mon (1 Week)
June 25, 26, 27, 29	Mon/Tue/Wed/Fri (1 Week)
July 11, 14, 18, 21, 25	Wed/Sat
July 30, 31, 8/1, 3	Mon/Tue/Wed/Fri (1 Week)
Aug 13, 14, 15, 17	Mon/Tue/Wed/Fri (1 Week)
Aug 27, 28, 29, 31	Mon/Tue/Wed/Fri (1 Week)
Sept 12, 15, 20(Thur.), 22, 26	Wed/Sat/Thur/Sat/Wed
Sept 24, 25, 26, 28	Mon/Tue/Wed/Fri (1 Week)
Oct 1, 2, 3, 5	Mon/Tue/Wed/Fri (1 Week)
Oct 15, 16, 17, 19	Mon/Tue/Wed/Fri (1 Week)
Oct 29, 30, 31, 11/2	Mon/Tue/Wed/Fri (1 Week)
Nov 12, 13, 14, 16	Mon/Tue/Wed/Fri (1 Week)
Nov 26, 27, 28, 30	Mon/Tue/Wed/Fri (1 Week)
Dec 5, 8, 12, 15, 19	Wed/Sat
Dec 10, 11, 12, 14	Mon/Tue/Wed/Fri (1 Week)

HAWTHORNE COMFORT INN 20 Saw Mill River Rd., Hawthorne, NY 10532	
Start Dates (last date is final exam)	Days of Week
Mar 19, 20, 21, 23	Mon/Tue/Wed/Fri (1 Week)
July 16, 17, 18, 20	Mon/Tue/Wed/Fri (1 Week)
Nov 5, 6, 7, 9	Mon/Tue/Wed/Fri (1 Week)



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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:

Class Tuition (includes text)..... \$349

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. LIFE, ACCIDENT & HEALTH TUITION INCLUDES A \$25 NON-REFUNDABLE REGISTRATION FEE.

I understand and agree to all of the stated conditions:

Signature: _____ **Date:** _____