

Underwritten by:
DELOS INSURANCE COMPANY
Policy No. DSP00017-07

Insured _____

**DOMINICAN UNIVERSITY OF CALIFORNIA
2007-2008 STUDENT INSURANCE PLAN**

Both the effective and termination dates of coverage
are subject to verification by the Company.



MEDEX Program No. 995
1-800-527-0218

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For information on PPO Providers,
access www.cfmcnnet.org
or call 1-800-334-7341
For pre-certification for hospitalization,
call 1-800-572-5508

Note: Benefits are subject to payment of appropriate
premium and verification of eligibility.
P.O. Box 6040
Agoura Hills, CA 91376-6040
Toll Free 1-800-468-4343
www.piacclaims.com
RQSR
Express Scripts
Group#

For questions regarding claims and coverage, contact:
PERSONAL INSURANCE ADMINISTRATORS, INC.

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**This card may be used by covered students
and their covered dependents, if applicable.**