

**POINT LOMA NAZARENE UNIVERSITY
2009-2010 STUDENT HEALTH INSURANCE PLAN
IDENTIFICATION CARD**

This is your Student Health Insurance Identification Card.
Cut it out and keep it with you at all times.
This card can be used to verify your coverage (and coverage for dependents, if applicable).

ID CARD

 cut out along dashed line

*To send claims by mail or verify eligibility and benefits:
PERSONAL INSURANCE ADMINISTRATORS
P.O. BOX 6040
AGOURA HILLS, CA 91376-6040
(800) 468-4343
www.placlaims.com*

*Providers may submit claims electronically.
PAYER ID 95397*


Both the effective and termination dates of coverage are subject to verification by the company.
Benefits are subject to payment of appropriate premium and verification of eligibility.
Notice to Members and Providers:

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Student:

Underwritten by: **UNITED STATES FIRE INSURANCE COMPANY**
by Fairmont Specialty, a Division of Crum and Forster

Policy Number: **US002576**

 California Foundation for Medical Care

PPO Network: **CALIFORNIA FOUNDATION FOR MEDICAL CARE
or FOUNDATION FOR MEDICAL CARE OF LA COUNTY**

Provider List: www.cfmnet.org or 1-800-334-7341