


**HUMBOLDT STATE UNIVERSITY
2010-2011 STUDENT INJURY AND SICKNESS 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

<p style="text-align: right;">Notice to Members and Providers: Benefits are subject to payment of appropriate premium and verification of eligibility. Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the company. Providers may submit claims electronically: PAYER ID 95397 <i>To send claims by mail, verify eligibility and benefits, or for language assistance:</i> PERSONAL INSURANCE ADMINISTRATORS, INC. P.O. BOX 6040 AGOURA HILLS, CA 91376-6040 1-800-468-4343 www.placlaims.com</p>	<i>fold here</i>
<p>HUMBOLDT STATE UNIVERSITY 2010-2011 STUDENT INJURY AND SICKNESS INSURANCE PLAN</p>	
<p>Student: <input style="width: 100%;" type="text" value="PRINT NAME HERE"/></p>	
<p>Underwritten by: UNITED STATES FIRE INSURANCE COMPANY Policy Number: US002604</p>	
<p><i>All Doctor visits are subject to a \$30 copay, in addition to the 20% Coinsurance for PPO or 40% Coinsurance for NON-PPO</i></p>	
<p>PPO: First Health Network For information on PPO Providers, visit www.myfirsthealth.com or call 1-800-226-5116</p>	
