


**SNOW COLLEGE  
2010-2011 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

<p><b>Notice to Members and Providers:</b> 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. <i>Providers may submit claims electronically:</i> PAYER ID 95397 <b>To send claims by mail, verify eligibility and benefits, or for language assistance:</b> PERSONAL INSURANCE ADMINISTRATORS, INC. P.O. BOX 6040 AGOURA HILLS, CA 91376-6040 1-800-468-4343 www.placlaims.com</p>	<p style="text-align: right;"><i>fold here</i></p>
<p><b>SNOW COLLEGE 2010-2011 STUDENT HEALTH INSURANCE PLAN</b></p>	
<p><b>Student:</b> <input style="width: 100%;" type="text" value="PRINT NAME HERE"/></p>	
<p>Underwritten by: <b>UNITED STATES FIRE INSURANCE COMPANY BY FAIRMONT SPECIALTY</b></p>	
<p>Administrator policy number: <b>US002606</b></p>	
<p><b>\$150 deductible per policy year (\$450 per family)</b></p>	
<p><small>Covered Charges and prescription drugs will be paid at 80% of Usual, Reasonable and Customary. After you receive treatment, complete a claim form in order to have your medical expenses paid. <b>Please note: You must pay for all prescriptions in full at the time of pickup, then submit a claim for reimbursement for the portion the Company is responsible for paying.</b> See brochure for claim information and instructions.</small></p>	