


**UNIVERSITY OF LA VERNE  
2010-2011 STUDENT ACCIDENT 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

www.placlaims.com  
1-800-468-4343  
AGOURA HILLS, CA 91376-6040  
P.O. BOX 6040  
PERSONAL INSURANCE ADMINISTRATORS, INC.  
**assistance:**  
*To send claims by mail, verify eligibility and benefits, or for language  
Providers may submit claims electronically:*  
PAYER ID 95397  
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.

fold here

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Student:

Underwritten by: **U.S. FIRE INSURANCE COMPANY**  
*by Fairmont Specialty, a part of Crum and Forster*

Policy Number: **US002600**

**Please note: You must pay for medical care and prescriptions at the time of service,  
then submit a claim for reimbursement for the portion the Company is responsible for  
paying. See brochure for claim information and instructions.**