


**WESTMONT COLLEGE
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*

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

fold here

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2010-2011 STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

Student:

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

Policy Number: **US002610**

**PPO: California Foundation for Medical Care (CFMC)/
Foundation for Medical Care of Kern County**
Provider List: www.cfmnet.org or call 1-800-334-7341

