

2018-2019 STUDENT INSURANCE ID CARD

Student's Name: _____

If premium has been paid, the student whose name appears above has been insured under an Accident-Only program covering students of:

School Name: _____

Coverage: Around the Clock At School Dental

Paid by Check: # _____ Amt. Paid: \$ _____ Date: _____



For all claim questions,
call: **(800) 445-3126**



| a Berkley Company

SAHSR 2018-120