

## 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**



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