

2025-2026 Student Accident Insurance Card

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

Student Name: _____

School System/ District Name: **Diocese of Palm Beach**_____

COVERAGE ENROLLED IN:

24-Hour Accident - Accident Only

Paid By Check #: _____ Check Date: _____ Amount Paid: _____

Claim Filing Instructions

Coverage under this policy is Primary. Initial medical treatment must be incurred within 90 days from the date of the accident. Claims must be submitted to BMI Benefits, LLC within 90 days after the date of treatment. Mail, Fax, or E-mail all medical bills to BMI Benefits. Please include the name of the insured and the name of the school that the student attended:

BMI Benefits, LLO

P O Box 511 A Matawan, NJ 07747

Phone: 800-445-3126, Fax: 732-583-0610

E-Mail: BMI@bobmccloskey.com

Corporation Claim Administrator: BMI Benefits, LLC.



Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES