STUDENT INSURANCE ID CARD

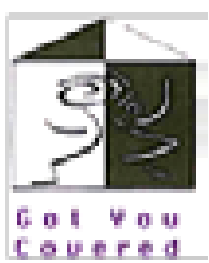
Student's Name: _____

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**

Berkley
Accident and Health
A Berkley Company

BAHSR 2018-120