

2026-2027 Student/Employee Accident Insurance Card

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

Student/Employee Name: _____

School District Name: Somerset County PS Policy#9908-9197

COVERAGE ENROLLED IN:

- ☐ 24-Hour Accident ☐ 24-Hour Accident – Summer Only
☐ 24-Hour Accident with H.S. Football
☐ School-Time Coverage ☐ School-Time Coverage with H.S. Football
☐ H.S. Football – Full Year ☐ H.S. Football – Spring Only

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

Claim Filing Instructions

Coverage under this policy is Excess of all other insurance and claims must first be submitted to any other insurance. 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 and other insurance EOBs to BMI Benefits. Please include the name of the insured and the name of the school that the student attended:

BMI Benefits, LLC

P O Box 511 | Matawan, NJ 07747

Phone: 800-445-3126, Fax: 732-583-9610

E-Mail: BMI@bobmccloskey.com

Insurance Carrier: Federal Insurance Company

Claim Administrator: BMI Benefits, LLC.



Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

CHUBB