

✂ Detach and Retain for Your Records

**2007-2008 Identification Card**  
**United States Fire Insurance Company**

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

The Student whose name appears above is insured under an Accident Insurance Policy issued to:

**School: Waldorf Lutheran College**

**Policy Number: US026641-07E0212**



To maximize your benefits, locate a Choice Care provider in your area call 1-800-878-7896 or go to [www.coalitionamerica.com](http://www.coalitionamerica.com), PIN # 3868

**CLAIM FILING INSTRUCTIONS**

Coverage under this policy is EXCESS to all other insurance and claims must be submitted to any other insurance first. Initial medical treatment must be incurred within 90 days from the date of the accident or onset of sickness. Claims must be submitted to Summit America within 180 days after the date of injury. Mail all medical bills including the insured student's name and student ID number, address and name of the school that the student attends to:

**Summit America Insurance Services**  
7400 College Blvd., Suite 120, Overland Park, KS 66210  
Phone: 800-926-3441, Fax: 913-327-7520

**NOTICE TO HEALTH CARE PROVIDERS:**

For information regarding plan benefits, eligibility or claim instructions please call Summit America Insurance Services at 800-926-3441. Our Payor # is 37301.  
**This card is not a guarantee of coverage.**