Detach and Retain for Your Records

(please type in your name and ID # below)

**2025-26 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:

**Institution: Crown College**

**Coverage #: US2230736**

Claims must be submitted to NAHGA Claim Services within 180 days after the day of injury. This card is not a guarantee of payment or coverage.

**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 received by a doctor within 90 days after the date of the accident causing injury. Claims must be submitted to NAHGA Claim Services within 180 days after the date of injury. Mail all medical bills including the insured student's name, student ID number, address and name of the institution that the student attends to:

***NAHGA Claim Services, PO Box 189, Bridgton, ME 04009***

***P: 877.497.4980 F: 207.647.4569 EDI#: 67788***

**NOTICE TO HEALTH CARE PROVIDERS:**

For information regarding plan benefits, eligibility or claim instructions please call NAHGA Claim Services at 877.497.4980. **This card is not a guarantee of payment or coverage.**