

**INSURANCE UNDERWRITER:**

Ameritas Life Insurance Corp.  
Lincoln, NE

**CLAIM ADMINISTRATOR:**

Student Assurance Services, Inc. (SAS)  
P.O. Box 196  
Stillwater, MN 55082  
(800) 328-2739



**Policyholder Name: Livingstone College**

**Policy School Year: 2023- 2024**

**Policy Numbers:**

**Sports: 32-76-0204-016-003-3**

**Full-time: 32-56-0012-016-003-3**

**Student Name:**

(Print the first and last name)

**Student ID Number:**

(Enter student's college ID number)

- This Policy ID form is not a guarantee of eligibility of benefits or confirmation of coverage. Benefits and eligibility will be confirmed when an accident claim is submitted for payment.
- Claim Forms, How to Submit a Claim and Plan Brochures can be found on the website [www.sas-mn.com](http://www.sas-mn.com). 1) under College Students select "Find My School," 2) then select the state where the school is located, 3) then search and select the school name.
- Submitting a claim is the student's responsibility.