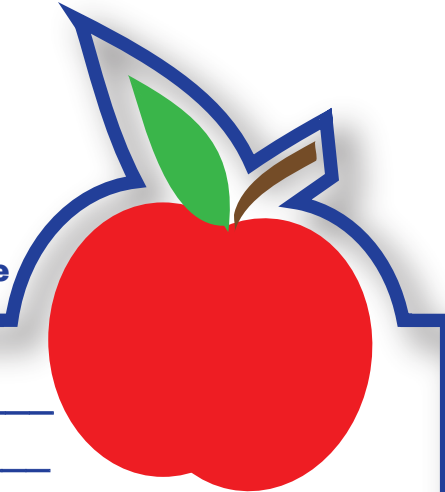


Student Insurance Plans
Identification Card * Present this at the Time of Service



Student Name: _____

Student ID: _____

School District: _____

Submit claims: Administrative Concepts, Inc.
994 Old Eagle School Rd, Ste 1005, Wayne, PA 19087-1802
aciclaims@visit-aci.com / PAYOR ID: 22384

This is an EXCESS POLICY that requires a claim form for each accident.

For Verification Call: 800-749-0154 / Fax 610-293-9299
www.studentinsuranceplans.com