

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



Student Name: _____

Student ID: _____

School District: _____

Effective Date: _____

This policy is an EXCESS POLICY issued by New York Life Insurance Co. CLAIM FILING: Present this card at the time of service. A claim form must be completed and can be obtained from the school or at www.studentinsuranceplans.com. Submit all claims to Administrative Concepts Inc., PO Box 4000, Collegeville, PA 19426. For Verification Call: 888-283-6463 or email claims@acitpa.com.
