

 **Detach and Retain for Your Records**  
(please type in your name and ID # below)

**2011-2012 Identification Card**  
**United States Fire Insurance Company**

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

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

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

**Institution: Willamette University**  
**Policy Number: US058629-114**



To maximize your benefits, locate a First  
Health provider in your area call 1-800-226-  
5116 or go to [www.myfirsthealth.com](http://www.myfirsthealth.com).

**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 or onset of sickness. Claims must be submitted to NAHGA Claim Services within 180 days after the date of injury or first date of treatment for a sickness. 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**  
**Phone: 877.497.4980 Fax: 207.647.4569**

**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.



Available network outside the primary PPO service area