

✂ Detach and Retain for Your Records

**2009-2010 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: **US035686-09B0424**



To maximize your benefits, locate a First
Health provider in your area call 1-800-226-
5116 or go to 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 within 90 days from the date of the accident 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, ID number, address and name of the institution listed on the front of this card:

NAHGA Claim Services, PO Box 189, Bridgton, ME 04009
Phone: 800-952-4320 Fax: 207-647-4569

NOTICE TO HEALTH CARE PROVIDERS:

For information regarding plan benefits, eligibility or claim instructions please call NAHGA Claim Services at 800-952-4320. This card is not a guarantee of payment or coverage.