

2020-2021

INSURANCE ID CARD

North American Division of Seventh-Day Adventist

Accident Medical Excess Insurance Plan

School/Conference Name:
Underwriter: **Mutua of Omaha**
Policy Number: **T5MP-P-054064**

Below is your Accident Medical Excess Insurance Plan Identification Card.
Provide both your primary insurance card and this excess insurance card to the health care provider at the time of treatment for injuries.

The card explains that the school's coverage is EXCESS of other insurance and instructs providers to file with other insurance first.
It also gives the provider our electronic payer ID number for immediate submission of charges.

 cut out along dashed line

Coverage under this policy is EXCESS to all other insurance and claims must first be submitted to any other insurance. Initial medical treatment must be incurred within 90 days from the date of the accident. Claims must be submitted to Relation within 180 days after the date of treatment. Mail all medical bills including the insured student's name and student ID number, address and name of the school that the student attends the address provided below.

This card is not a guarantee of coverage.

Member Services:	Relation Insurance Services	(877) 246-6997
Provider Services:	Relation Insurance Services	(877) 246-6997
Claims Mailing:	Relation Insurance Services P.O. Box 25936 Overland Park, KS 66225	
Payer ID:	37301	

fold here

Accident Only Insurance Plan 2020-2021

Name:
Student ID #:

Insurance Underwritten by: *Mutual of Omaha* Policy Effective Date: **August 1, 2020**

School/Conference Name:
Policy #: T5MP-P-054064

Coverage is for injury only.