

Underwritten by
UNITED STATES FIRE INSURANCE COMPANY
by Fairmont Specialty, a division of Crum & Forster

Covered Person _____

Address _____

City _____ State _____ Zip _____

Student of
POINT LOMA NAZARENE UNIVERSITY
2006-2007 STUDENT HEALTH INSURANCE PLAN
Policy Number US002502



The effective and termination dates of coverage
are subject to verification by the Company.

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For information on Preferred
Providers, call 1-800-334-7341 or
access the website: www.cfmcnet.org



NOTE: Benefits are subject to payment of appropriate
premium and verification of eligibility.

POINT LOMA BILL WILL REFLECT YOUR COVERAGE

For questions regarding claims and coverage, contact:
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
Toll Free 1-800-468-4343
www.placlaims.com

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**This card may be used by covered students and
their covered dependents, if applicable.**