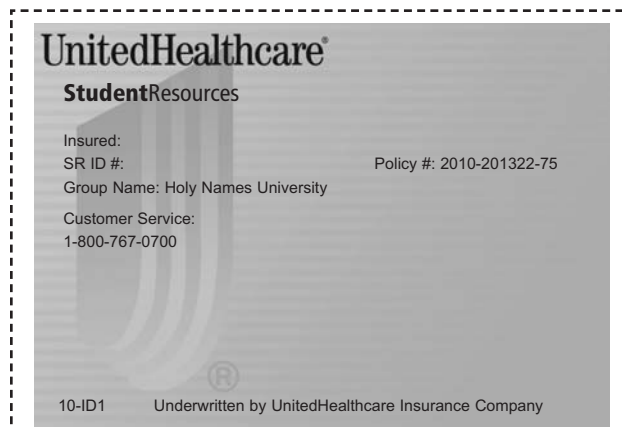


**THIS IS YOUR
TEMPORARY ID CARD**



CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and the name of the college or university under which the student is insured to the address listed on this card.

Send Claims to:
StudentResources

PO Box 809025
Dallas, TX 75380-9025

Electronic Payer ID #: 74227

For emergencies while traveling call:

Scholastic Emergency Services

1-877-488-9833 in the US

1-609-452-8570 Collect outside the US

For Hospital pre-admission notification call UMR Care Management at 1-877-295-0720.

NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

www.uhcsr.com