

Underwritten by: **QBE INSURANCE CORPORATION**

Policy Number: **SCH00003**

**Name of Insured Student** \_\_\_\_\_

**2009–2010 ISTUDENTCITY.COM  
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN**

**Office visit copay: \$10 for PPO/\$20 for NON-PPO**

*Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the Company.*

**Beech Street**  
A V I A N T N E T W O R K

MEDEX Program No. 995

1-800-527-0218

For pre-certification for hospitalization, call **1-877-323-6127**

**www.beechstreet.com**

For information on Preferred Providers,  
call **1-800-877-1444** or visit:

**Beech Street**  
A V I A N T N E T W O R K

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

www.placelams.com

Toll-Free 1-800-468-4343

Agoura Hills, CA 91376-6040

P.O. Box 6040

Personal Insurance Administrators, Inc.

**SUBMIT CLAIMS BY MAIL TO:**

**SUBMIT CLAIMS ELECTRONICALLY: PAYER ID 95397**

cut here

fold here

cut here

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