


NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTIST
ACCIDENT MEDICAL EXCESS INSURANCE PLAN

School / Conference Name: _____
Underwriter: Mutual 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.

If there are any discrepancies between this document and the Policy, the Policy will govern.

 cut out along dashed line

fold here

Accident Only Insurance Plan		2022–2023
Name:	<input type="text"/>	
Student ID #:	<input type="text"/>	
<i>Insurance Underwritten by</i> Mutual of Omaha	Policy Effective Date: August 1, 2022	
School / Conference Name:		
Policy #:	T5MP-P-054064	
<i>Coverage is for injury only.</i>		
<p>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.</p> <p>This card is not a guarantee of coverage.</p>		
Member & Provider Services:	Relation Insurance Services	(877) 246-6997
Claims Mailing Address:	Relation Insurance Services PO Box 25936 Overland Park, KS 66225	
Payer ID:	37301	