

# STUDENT ACCIDENT INSURANCE POLICY 2016-2017



NAME:

POLICY #: CL106

GROUP NAME: CITY COLLEGE

Please keep card in your possession at all times

## 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 name of the college or university under which the student is insured to the address listed on this card. Submit claims and correspondence to:

Co-ordinated Benefit Plans

PO Box 20874

Tampa, FL 33662

Team2@cbpinsure.com

Direct all claims inquires: 1-877-902-9926

## 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 above.