

**PERRY TECHNICAL INSTITUTE**  
STUDENT ACCIDENT INSURANCE PLAN

**School Name:** Perry Technical Institute  
**Underwriter:** United States Fire Insurance Company  
**Policy Number:** US1574438  
**Policy Year:** 2022–2023

Below is your Student Accident Insurance Plan Identification Card.  
**Cut it out and carry it with you at all times.** This card can be used to verify your coverage.

## HOW TO USE THIS PLAN




If you need to seek medical care due to an accident, report to a doctor, urgent care or hospital.



Obtain a claim form from Perry Technical Institute or at [www.4studenthealth.com/perry](http://www.4studenthealth.com/perry). Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits (if applicable) to the address listed on the ID card. File the claim within 30 days of injury. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity. This Plan is secondary to all other insurance coverage.



Call Melissa Van Avery at PayneWest Insurance  
**(509) 853-4224.**

 cut out along dashed line

fold here

<b>Perry Technical Institute</b>		<b>2022–2023</b>	
<b>Student Accident Insurance Plan</b>			
<b>Name:</b>	<input type="text"/>		
<b>Group #:</b>	<input type="text" value="14450008"/>		
<b>Effective Date:</b> 09/25/2022			
<b>Please reference the Student's Social Security Number as their Insurance ID Number.</b>			
<b>Underwriter:</b>	United States Fire Insurance Company		
<b>Policy #:</b>	US1574438		
To verify the member's effective date or for questions regarding benefits or eligibility, please call Relation Insurance Services at <b>(877) 246-6997</b> .			
<b>IMPORTANT:</b> Claims must be submitted within 90 days after the date of treatment. If the patient has other medical insurance, please send information on that coverage along with all medical bills, including the member's name, ID number, address, and name of the member's organization, to the claims address below.			
For questions about benefits, eligibility, or claims, call Relation Insurance Services. All benefits are subject to payment of appropriate premium and verification of eligibility.			
<b>MEMBERS:</b> Carry this card at all times.			
<b>NOTICE:</b> Possession of this card does not guarantee coverage or payment for a service or procedure.			
Member & Provider Services:	Relation Insurance Services	<b>(877) 246-6997</b>	
Claims Mailing Address:	Relation Insurance Services PO Box 25936 Overland Park, KS 66225	Payer ID: 37301	

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