

**2015 Study Abroad Identification Card
ACE American Insurance Company
Philadelphia, PA**

Insured: _____

If a premium has been paid, the participant whose name appears above has been insured under a Policy issued to:

**Group: THE UNIVERSITY OF TEXAS SYSTEM
STUDY ABROAD**

ID #: _____

Policy #: GLMN04969340

Dates of Coverage ___/___/___ to ___/___/___

CLAIMS INSTRUCTIONS

Claims must be submitted to the Company within 90 days after the date of treatment, or as soon as reasonably possible. Please mail all medical and Hospital bills to ACE USA, PO Box 5124, Scranton, PA 18505-0556

NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, Copayments and claim instructions, please call Claims Administrator, ACE USA at 1 (800) 336-0627.

When you are outside of the U.S. or to arrange service, please always call International SOS first at:

1 (800) 523-6586 toll free in the USA or
1 (215) 942-8478 collect outside of the USA

Detach the above ID Card