

**2015-2016 Identification Card
ACE American Insurance Company
Philadelphia, PA**

Insured: _____

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

Group: WESTERN KENTUCKY UNIVERSITY STUDY ABROAD

ID #: _____

Policy#: GLMN04849115

Academic Emergency Services provided by AXA

**Toll-free Inside USA or Canada - 1-855-327-1414
Direct Dial - 1-630-694-9796**

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, HealthSmart, at (800) 331-1096.

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 HealthSmart, 3320 W. Market St., Suite 100, Fairlawn, OH 44333.

Detach the above ID Card