

**2017-2018 Identification Card**

**AXIS Insurance Company**

**Insured:** \_\_\_\_\_

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

**Group: THE UNIVERSITY OF TEXAS SYSTEM SPECIAL  
EVENTS**

**ID #:** \_\_\_\_\_ **Policy#: SRPO-51059-1300**

**CLAIMS INSTRUCTIONS**

Claims must be submitted to the Company within 90 days after the date of treatment. Please mail all prescription drug receipts, medical and Hospital bills to NAHGA Claim Services, P.O. Box 189, Bridgton, Maine 04009-0189.

**NOTICE TO ALL HEALTH CARE PROVIDERS**

This card is not a guarantee of coverage. For information concerning coverage, Co-payments and claim instructions, please call Claims Administrator, NAHGA, at 1-800-952-4320.

**Detach the above ID Card**