

# LeTourneau University

## Student Medical Benefit Plan I.D. Card

This is to certify that insurance coverage is provided in accordance with all terms and provisions of Policy CTX130E issued to the above named college for the student named below.

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Name

Date of Birth

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Effective Date

Termination Date

**UNDERWRITTEN BY:**

**Monumental Life  
Insurance Company**

Cedar Rapids, Iowa

**Submit Claims to Administrator:**

**Bollinger**  
Insurance Solutions

Post Office Box 727  
Short Hills, NJ 07078

1-866-267-0092

## **Claims Procedure:**

In the event of financial loss caused by a covered Injury or Sickness, the student should:

1. Secure a claim form from Bollinger, Inc. or from the Plan website. No claim will be processed without a completed claim form.
2. Follow the instructions on the front of the claim form.
3. File claims within 30 days of Injury or Sickness. Bills must be received by Bollinger within 90 days of service or as soon as reasonably possible to be considered for payment. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Preferred Provider information: In Texas it is Texas True Choice. (800-683-4856)**

**All other states it is First Health (800-226-5116)**

**Questions? Call Bollinger, Inc. at 1-866-267-0092**

**[www.BollingerColleges.com/LeTourneau](http://www.BollingerColleges.com/LeTourneau)**