

Temporary ID Card
Monumental Life Insurance Company
Student Health Insurance Plan

Name: _____

Effective Date: September 1, 2013

Policy Number: CRI203J

Group Name: **University of Rhode Island *Domestic***

Preferred Provider Network:

Plan Administrator:



1-800-226-5116



P.O. Box 727 • Short Hills, NJ 07078

For Customer Service Inquiries call Bollinger, Inc.

Toll Free: 1-866-267-0092

Plan Website: www.BollingerColleges.com/URI

CLAIM INSTRUCTIONS

Claims must be submitted to the company within 90 days after the date of treatment. Claim forms containing complete instructions for filing a claim may be obtained from the school or from Bollinger, Inc. P.O. Box 727, Short Hills, NJ 07078. You may also print a claim form, view a brochure, search for provider at the following website: www.BollingerColleges.com/URI.

NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claim instructions, please call Bollinger, Inc., 1-866-267-0092.