

**STUDENT ACCIDENT INSURANCE
POLICY IDENTIFICATION FORM**

**IMPORTANT:
PRINT OUT THIS FORM AND FILL-IN THE STUDENT'S NAME
AND PERSONAL ID. CARRY THIS POLICY IDENTIFICATION FORM WITH YOU.**

INSURANCE UNDERWRITER:

Ameritas Life Insurance Corporation
Lincoln, NE

CLAIM ADMINISTRATOR:

Student Assurance Services, Inc. (SAS)
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739

Policyholder Name: Katy ISD

Policy School Year: 2024-2025

Policy Number Voluntary: 42-16-1745-824-404-4

Group: 42-26-4758-824-404-4

Student Name:

(Print the first and last name)

Student Personal ID:

(Enter student's Date of Birth)

- This Policy ID form is not a guarantee of eligibility of benefits or confirmation of coverage. Benefits and eligibility will be confirmed when an accident claim is submitted for payment.
- Claim Forms, How to Submit a Claim and Plan Brochures can be found on the website www.sas-mn.com. 1) under K-12 Students/Parents select "Find My School," 2) then select the state where the school is located, 3) then search and select the school name.
- Submitting a claim is the parent's or student's responsibility.
- **GROUP POLICY ONLY:** SAS has contracted for fee discounts for services received from physicians and facilities participating in the LONESTAR preferred provider network which is part of the USAMCO Network. Note that benefits are payable as described whether you use LONESTAR preferred provider or not. Present this ID form to your provider to obtain the LONESTAR preferred provider discount.