

**CHICKERING CLAIMS  
ADMINISTRATORS, INC.**

Student Health Insurance Plan  
**University of Massachusetts Boston**

**Policy #711129**

**Student Name:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

**Effective Period: 2007-2008**

**School Signature** \_\_\_\_\_

This temporary card is for identification only. It is not a guarantee of benefits. Precertification required, for inpatient care.