

**SUSSEX COUNTY COLLEGE**  
**Student Medical Benefit Plan - I.D. Card**

This is to certify that as of June 30, 2012, insurance coverage is provided in accordance with all terms and provisions of Policy No. C5151 issued to the above named college for the student named below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This coverage expires June 30, 2013

UNDERWRITTEN BY:

**MONUMENTAL LIFE  
INSURANCE COMPANY**

Cedar Rapids, Iowa

PREFERRED PROVIDER NETWORK:



www.CHN.com

ADMINISTERED BY:

**Bollinger**  
Insurance Solutions

PO Box 727  
Short Hills, NJ 07078  
1-866-267-0092