

MANSFIELD I.S.D.

Hospital Indemnity Plan (HIP)

Life Insurance Company of North America (LINA)

Policy # AGL-1065*

WHERE TO FILE A CLAIM:

**PREFERRED CARE, INC.
1300 VIRGINIA AVENUE, SUITE 315
FT. WASHINGTON, PA 19034**

**PHONE: 800-222-3085
FAX: 215-639-2674**

***(When filing a claim, please indicate policy # AGL-1065 on Claim Form and Supporting Documents.)**