

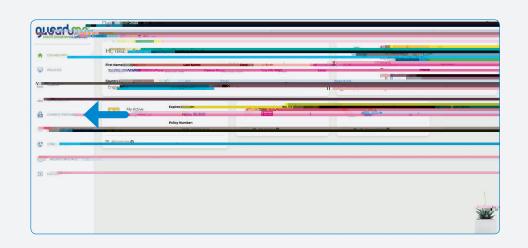


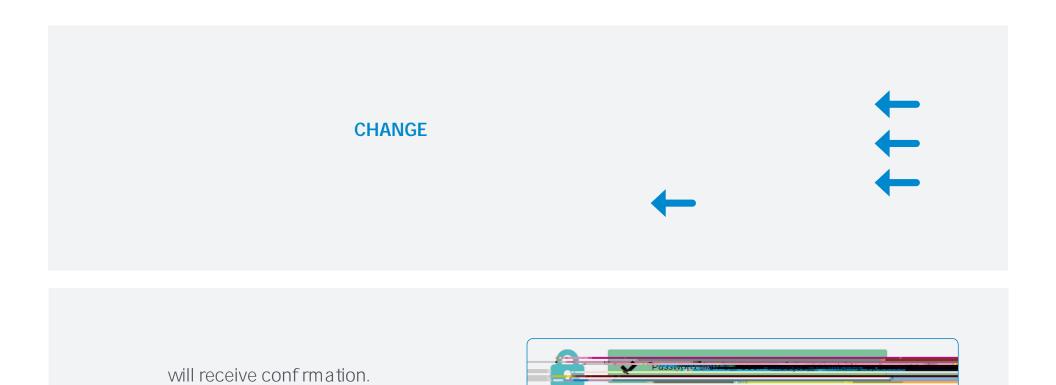


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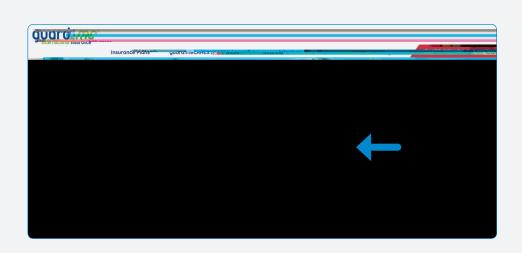


CHANGE PASSWORD





Note:

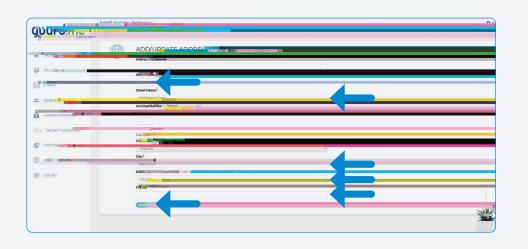


ADD/UPDATE ADDRESS



CHANGE

Note: *





CLAIMS

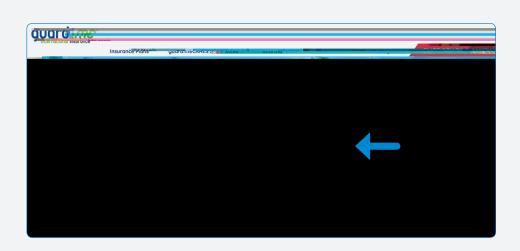




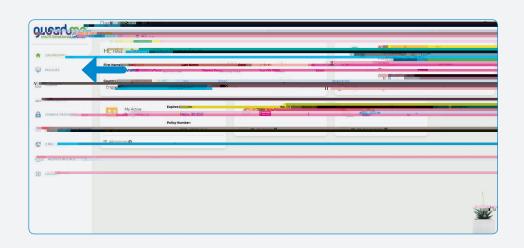
HEALTH CARD



Note:



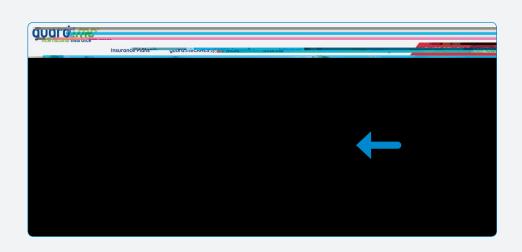
POLICIES



DOCUMENTS



Note:



SECURITY QUESTIONS

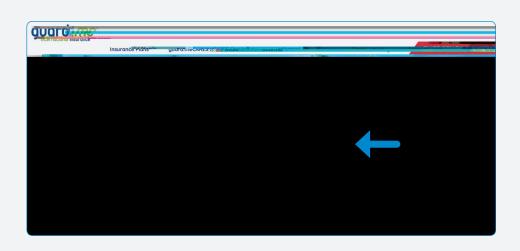








Note:



POLICIES



POLICY NUMBER

Submit a Claim



