

Member: EDMUND MINSHALL

Member ID 3402

Coverage Type Family

Doctor Network VSP Signaturer

Copay Exam: \$10.00 Materials: \$10.00

To find a VSP network doctor near you, or to view your benefit information before your visit, go to vsp.com or call 800.877.7195.

Your unique ID # is the number provided to you at enrollment by your employer, VSP, or company you've purchased your vision insurance through.



Primary Enrollee
Edmund Minshall
Delta Dental PPO™
Provided by Delta Dental of California

Enrollee ID 11371099201
Group number 05659-0319



Prescription card

RxBIN 004336
RxPCN ADV
RxGRP RX0434
Issuer 915014609
ID 5WC109850
Name EDMUND MINSHALL

Customer Care Representative:
888-335-1197 (TTY: 711)

Submit paper claims to:
Caremark
PO Box 52136
Phoenix, AZ 85072-2136

caremark.com

COUNTRY FINANCIAL

COUNTRY Preferred Insurance Company NAIC 21008
P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A401787 1956 SUNBE TIGER
EFFECTIVE DATE: May 28, 2024
EXPIRATION DATE: Nov 28, 2024
VIN: B3200935
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE:
JARED L GOFF AT (903)885-0740

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY INSURANCE LIMITS PRESCRIBED BY LAW.

COUNTRY FINANCIAL

EXAMINE YOUR POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

WHAT TO DO AFTER AN ACCIDENT

1. Write down the make, model and license number of all vehicles involved.
2. Write down the name, address and telephone number of: (a) All parties involved, their insurance companies, and policy numbers; (b) Any injured; (c) Any witnesses, police, ambulance companies, or wrecker companies.
3. Do not discuss fault.

4. Report the accident to COUNTRY™ at 1-800-COUNTRY (1-800-686-6279) or visit us at our website www.countryfinancial.com

PERSONS WHO ISSUE OR PRODUCE THIS CARD TO FRAUDULENTLY SHOW A POLICY OF INSURANCE IS IN FORCE, WHICH IN FACT IS NOT IN EFFECT, ARE LIABLE TO HEAVY FINES AND THEIR LICENSES OR REGISTRATIONS MAY BE SUSPENDED OR REVOKED.

COUNTRY FINANCIAL

COUNTRY Preferred Insurance Company NAIC 21008
P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A421700 2004 DODGE RAM PI
EFFECTIVE DATE: May 12, 2024
EXPIRATION DATE: Nov 12, 2024
VIN: 1D7WU2B024J24835
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

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OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A401787 1956 FORD TBRD
EFFECTIVE DATE: May 28, 2024
EXPIRATION DATE: Nov 28, 2024
VIN: P8E1H59915
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

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OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A421700 2002 JAGUA XJR
EFFECTIVE DATE: May 12, 2024
EXPIRATION DATE: Nov 12, 2024
VIN: SAJ0A19832MF46029
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

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P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A421700 1993 DODGE DAKOTA
EFFECTIVE DATE: May 12, 2024
EXPIRATION DATE: Nov 12, 2024
VIN: 1E70CXX39P175962
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

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P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A406391 2018 KAWAK KLR650
EFFECTIVE DATE: Dec 14, 2023
EXPIRATION DATE: Dec 14, 2024
VIN: JK4MLEDJDA4677
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE:
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OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A412718 1964 MERCU COMET
EFFECTIVE DATE: Nov 11, 2024
EXPIRATION DATE: Nov 11, 2024
VIN: H42C583793
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

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P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A401787 2019 BENZ GL350
EFFECTIVE DATE: May 28, 2024
EXPIRATION DATE: Nov 28, 2024
VIN: WDC0G6EBXK578250
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE:
JARED L GOFF AT (903)885-0740

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COUNTRY FINANCIAL

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P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A406391 2021 HARLE REVIVA
EFFECTIVE DATE: Dec 14, 2023
EXPIRATION DATE: Dec 14, 2024
VIN: HD7AAPXMBG2369
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE:
JARED L GOFF AT (903)885-0740

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P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A412718 1953 JAGUA XK120
EFFECTIVE DATE: May 11, 2024
EXPIRATION DATE: Nov 11, 2024
VIN: 877152
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE:
JARED L GOFF AT (903)885-0740

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P.O. Box 2100, Bloomington, Illinois 61702-2100

OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A401787 2021 ALCOM 8.5
EFFECTIVE DATE: May 28, 2024
EXPIRATION DATE: Nov 28, 2024
VIN: 5WF8C240M80031473
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE:
JARED L GOFF AT (903)885-0740

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OREGON INSURANCE CARD
MINSHALL EDMUND B & SILVIA

POLICY NUMBER: P36A412718 1934 DODGE DELUXE
EFFECTIVE DATE: May 11, 2024
EXPIRATION DATE: Nov 11, 2024
VIN: 36N4273
COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION

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Anthem

Lam RESEARCH

EDMUND B MINSHALL

Member ID: LMR122A55004

Group No: 1873ZD
Plan Code: 040
Coverages: Medical

Base Plan

For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/vca

Anthem

Lam RESEARCH

SILVIA MINSHALL

Member ID: LMR122A55004

Group No: 1873ZD
Plan Code: 040
Coverages: Medical

Base Plan

For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/vca

Anthem

Lam RESEARCH

KRISTOPHER MINSHALL

Member ID: LMR122A55004

Group No: 1873ZD
Plan Code: 040
Coverages: Medical

Base Plan

For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/vca

Anthem

anthem.com/vca

Member Services 1-800-879-4526
Coverage While Traveling 1-800-810-2583
Pre-Authorization 1-866-470-6244

Members: When submitting inquiries, always include your ID number from the face of this card. Possession or use of this card does not guarantee payment. Submit claims at www.anthem.com/ca/submitmyclaim

Providers: Please submit claims to your local BCBS Plan. To ensure prompt claims processing, please include the 3-digit prefix that precedes the patient ID number listed on the front of this card.

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