

# ManhattanLife GAP ID Card

## Stone County Board of Supervisors


**Dependents are covered if they are enrolled\***

### **Submit Claims to:**

ManhattanLife VB Claims Department  
P.O. Box 926169  
Houston, TX 77292

### **Member Services**

1-855-448-6982

	
<b>Member Name</b>	<b>Plan Type: GAP</b>
Stone County Board of Supervisors	
<b>Group Name :</b>	<b>Policy Number:</b>
	891945
<b>Group GAP ID Card PRESENT TO PROVIDERS</b>	

**Dependents are covered if they are enrolled\***

**Submit Claims to:**  
ManhattanLife VB Claims Department  
P.O. Box 926169  
Houston, TX 77292

Fax: 1 (502) 405-7107  
Email: VBClaimsSubmissions@ManhattanLife.com

Claim filing directions for Healthcare Providers and Insureds:

<https://www.manhattanlife.com/group-gap-claims>

**If you have any questions regarding claim submissions or to verify benefits, please contact Customer Service at 1-855-448-6982**