

**2020-2021 Identification Card
Wellfleet Insurance Company
Springfield, MA 01115**

Insured: _____

If a premium has been paid, the student whose name appears above has been insured under a Policy issued to:

Group: TEXAS WOMAN'S UNIVERSITY - BLOOD BORNE PATHOGEN EXPOSURE Only

Student ID #: _____

Policy#: WI2021TXACC01

CLAIMS INSTRUCTIONS

Claims must be submitted to the Claims Administrator within 90 days after the date of treatment, or as soon as reasonably possible. Please mail all medical and hospital bills to Wellfleet Insurance Company, PO Box 15369, Springfield, MA 01115-5369.

NOTICE TO ALL HEALTH CARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, Copayments and claim instructions, please call Claims Administrator, Wellfleet Insurance Company, at 1-877-657-5030.

Print and detach the above ID Card.
Add your name and TWU ID