

**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:** THE UNIVERSITY OF TEXAS SYSTEM SPECIAL EVENTS

**ID #:** \_\_\_\_\_

**Policy#:** WI2021TXRISK84

**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.

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**Print and detach the above ID Card.**