



Student Insurance

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Enrollment Payment Confirmation

Transaction Details

Transaction ID 5096761522856865304056
Time Stamp 11/2/2017 9:29:13 PM
Authorization Code 33227P
Return Code 0

Your payment was processed successfully.Your ID is: **800981960**

Please note: This coverage may not be reflected in the Claims Administrator system for up to 10 business days from your date of purchase.

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Policy Information

School San Jose State University
Policy 2017-2018 San Jose State Univ. - International
Term Spring/Summer 01/01/2018 08/01/2018

Student and Dependent Information

First Name	MI	Last Name	DOB	Gender
Huzaifa		Aejaz	02/27/1991	Male

Student Details

Address 101 E San Fernando st, Apt 146 San Jose, CA 95112
San Jose, CA 95112
Email Address huzaifa.aejaz91@gmail.com
Phone 4085655358 **Gender** M
Student ID 011490453 **Student Type** INT
Home Country INDIA **Visa Type**

Plan/Pricing information

Plan	Term	Number of Terms	Effective ¹	Expiration	Premium
International	Spring/Summer	1	01/01/2018	08/01/2018	\$886.16

^[1]The dates of coverage are subject to verification by Wells Fargo Insurance Services - Student Insurance division.

Total Payment Amount: \$ 886.16

We have also sent an email notification to your school administrator regarding your enrollment.

[Print Payment Confirmation](#)[View Temporary ID Card](#)[Return to Home Page](#)

Thank you for your purchase. Please note that a new ID card will not be sent if you are renewing coverage.

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