



Solartis Personal Insurance Plan

Payment Receipt

Solartis Member #:	1	Payment Confirmation Number	: 1097
First Name	: kabi	Payment Authorization Number	: tst113
Last Name	: G	Payment Method	: Credit Card
Payment Mode	: Annual	Account Number(Last 4 digits)	: 4444
Payment Date	: 12/12/2020	Expiration Date	: 12/2020
Amount Paid	: \$492.89	Merchant Name	: Solartis Company

Enrollee Information

Enrollment Date : 12/13/2020
Address Line 1 : no.34 sozhavalli street
Address Line 2 :
City : abcd
State : NY
Zipcode : 13324
Phone Number : 6382834277
Email Address : kabigkrish@protonmail.com

Coverage Information

Coverage Effective Date : 12/13/2020
Plan : Member Only Plan
Principal Sum : \$250,000
Annual Cost of Coverage : \$492.89