

Online Enrollment Receipt



P.O. Box 240042
Los Angeles, CA 90024
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Student Name	Mohammed Abdul Mannan Ansari
Student ID	qk4957

Payment Summary	
Reference #:	F21H32pKE0
Amount Received:	\$381.00
Transaction Date:	02/01/2017 0:02:44
Paid By Credit Card Ending:	xxx-xxxx-xxxx-4676

Purchased Plan Summary	
Plan Description	International Student Health Insurance Plan
Policy Year	2016-2017
Term Description	Spring
Dates of Coverage	02/02/2017 - 06/18/2017 *
Plan Cost	\$381.00

Enrollee Summary	
Student	Mohammed Abdul Mannan Ansari

* Please note the dates shown are for the term of coverage you have purchased. Your actual effective date of coverage may differ, depending on your date of enrollment and/or existing coverage. For information regarding effective dates of coverage, please consult your plan brochure. All coverage dates are subject to verification by the company.