



Enrollment Confirmation Receipt

ENROLLMENT DATE	STUDENT FULL NAME	STUDENT ADDRESS
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Below are the details of your coverage:

POLICY NUMBER	COVERAGE START DATE	COVERAGE END DATE	PLAN NAME
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COVERED INDIVIDUALS

PRIMARY INSURED STUDENT	DOB
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DEPENDENT NAME

DEPENDENT DOB

PAYMENT INFORMATION

PAYMENT DATE	PAYMENT METHOD	TOTAL COST	TRANSACTION ID	TRANSACTION STATUS
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To obtain a Letter of Credible Coverage, please contact your carrier directly.

CARRIER NAME	CARRIER PHONE	CARRIER WEBSITE
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