



## Student Insurance

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## Enrollment Payment Confirmation

## Transaction Details

Transaction ID	4938834502756950003057
Time Stamp	5/4/2017 2:37:31 AM
Authorization Code	204380
Return Code	0

**Your payment was processed successfully.**Your ID is: **800987892**

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	Fall 08/01/2017 01/01/2018

## Student and Dependent Information

First Name	MI	Last Name	DOB	Gender
Siddharth		Suthar	12/03/1992	Male

## Student Details

Address	One Washington square International student services San jose, CA 95192		
Email Address	Siddharth.suthar053@gmail.com		
Phone	5104588530	Gender	M
Student ID	011439636	Student Type	INT
Home Country	INDIA	Visa Type	

## Plan/Pricing information

Plan	Term	Number of Terms	Effective <sup>1</sup>	Expiration	Premium
International	Fall	1	08/01/2017	01/01/2018	\$644.33

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

**Total Payment Amount: \$ 644.33****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.