



Last Name: _____ First Name: _____

Group #: _____

Insurance ID (located on your Insurance ID card): _____

Visa Verification

Thank you for selecting the ISO Health Insurance Plan. Wellfleet is the claim administrator of your plan.

To verify you meet the eligibility requirements of your plan, please provide a copy of your VISA with corresponding legal documents for our records.

The legal documents that are accepted but not limited to specifying your VISA are:

An I-20 form copy for F1 Visa holder;

A DS 2019 form copy for J1 Visa holder;

An EAD card copy for Optional Practical Training (OPT) status;

If you have any questions, please contact a member of our customer service team.

Please send response to:

Wellfleet Group, LLC

PO BOX 15369

Springfield, MA 01104

Email: ISOclaims@wellfleet-iso.com

Phone: (855) 664-5837

Fax: (413) 452-5485