



ID Card Letter

EI Camino CCD Sport Participant Accident Plan Group # ST2351AC

IMPORTANT INFORMATION - READ CAREFULLY

Dear Athlete,

You are enrolled in the **EI Camino Community College District**, Sport Participant Accident Plan. Please use this information when seeking medical care for an injury which occurs while you are participating in a covered activity with your College/University.

1. This Sport Participant Accident Insurance Card is NOT to be used as your comprehensive health plan. Participant Accident Insurance is used for accidents that occur while participating in a scheduled, sponsored, and approved activity for your University.
2. This Sport Participant Accident Insurance Plan is an Excess Plan (secondary) and will require an Explanation of Benefits (EOB) from the student's primary insurance before the claim is processed.
3. The following must be received to process a claim:
 - a. Athletic Injury Claim form to be submitted by the Athletic Department.
 - b. Primary Insurance EOB (s)
 - c. Itemized bills submitted by the provider of service to the address shown on the ID card below.



WELLFLEET
STUDENT

Group: ST2351AC

Policy: WI2425CAACC96-SP

Group Name: EI Camino CCD- Athletics

Participant Name: _____

THIS IS AN EXCESS POLICY

The following must be received to process a claim:

1. Accident details - submitted by school.
2. Provider itemized bill and primary insurance EOB
3. Prescriptions – member submit.

Possession of card does not guarantee coverage.

Sport Participant Accident Insurance INSTRUCTIONS FOR FILING CLAIMS

Mail claims to:

Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115
EDI Payer ID#: 87843

Eligibility/Claims: 877-657-5039
Customer Service: 877-657-5039
www.wellfleetstudent.com