

**2007-2008 UW STUDENT PLAN  
ID CARD**

**Policy Number: 2007 - 1464-1**

**Present the following information to  
your medical provider:**

STUDENT NAME:

STUDENT SOCIAL SECURITY NO

STUDENT UW ID NO

The MEGA Life and Health  
Insurance Company

**MAIL ALL CLAIMS TO:**

UW Claims Office, c/o WPAS, Inc.  
P. O. Box 34600, Seattle, WA 98124-  
1600

**ELECTRONIC SUBMISSION OF  
MEDICAL CLAIMS:**

Emdeon Group P71 – Payer ID 91136

**FOR ELIGIBILITY, BENEFITS AND  
CLAIM INQUIRIES CALL:** WPAS, Inc . . .  
. . (206) 374-9439 or (866) 535-8503

*This card is for informational purposes only and  
does not ensure coverage.*

*When utilizing a Beech Street Provider, this  
card must be  
presented at the time of service.*