

GROUP NUMBER: CRVE-123456 Member ID: 12345678

INSURED NAME: John Smith

DATE OF BIRTH: 4/27/1967

EFFECTIVE DATE: 3/20/2024

TERMINATION DATE: 9/10/2024

DEDUCTIBLE - \$0

PRESCRIPTIONS - PAY AND CLAIM

This card does not guarantee coverage. This plan provides automatic assignment of benefits to the provider.

This is a Scheduled Benefit Plan

## CONTACT INFORMATION



Benefits/Eligibility/Claim Status 866-669-9004 Direct 251-928-0939

Provider Locator Assistance

800-226-5116

Provider Locator Website www firsthealthinternational com-

24 HOUR EMERGENCY ASSISTANCE/EVACUATION On Call International TOLLFREE 888-699-1401 Direct 603-952-2075

Electronic (EDI) Claims should be sent to Payor ID:12345

All claims with itemized bills including diagnosis, should be mailed to: Surego Administrative Services on behalf of Crum and Forster.SPC PO Box 241989 Apple Valley, MN 55124

Insured by Crum and Forster, SPC

AH-12345

## Confirmation of Coverage for Visa Application

Todays Date: 3/19/2024

## To whom it may concern:

We are pleased to confirm international travel medical coverage under the Safe Travels Plans, provided by Crum and Forster, SPC and administered by Trawick International. This coverage is valid worldwide including the destination country listed below, Schengen countries, as well as all other countries except the home country listed. This plan will pay directly to providers when the Assistance Company is contacted and approves payment.

Covered Person: John Smith Policy Number: CRVE-1234567

Passport: A123456 Certificate Number: 12345678

Home Country: India Effective Date: 3/20/2024

**Destination:** United States of America **Termination Date:** 9/10/2024

Plan Benefits \*All Currency USD

Deductible: \$0

Medical and Hospitalization Maximum: \$25,000

Emergency Medical Evacuation: Covered - see certificate for details

Repatriation of Remains: Covered - see certificate for details

**Pre-Existing Conditions:**Covered for Acute Onset (some limitations apply)

COVID-19, SARS-CoV-2 Conditions are covered the same as any other Illness to the Medical and Hospitalization Maximum.

Other limitations and exclusions do apply. This document does not contain information for claim filing. Please see the ID card or certificate of coverage for details or contact us at the number below with questions.