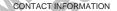
📿 Fırst Health Network

GROUP NUMBER: CRUS-123456 INSURED NAME: John Smith DATE OF BIRTH: 9/9/1959 EFFECTIVE DATE: 4/13/2024 DEDUCTIBLE: \$2,500 PRESCRIPTIONS - PAY AND CLAIM MEMBER ID: 123456789

TERMINATION DATE: 9/14/2024

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





Benefits/Eligibility/Claim Status Online Claims Status Provider Locator Assistance Provider Locator Website 866-669-9004 Direct 251-928-0939 https://mytrawick.com/accounts/member 800-226-5116 www.firsthealthinternational.com

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

Electronic (EDI) Claims should be sent to Payor ID:1234 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

Insurance benefits underwritten by Crum and Forster, SPC

1234567

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: CRUS-123456
Passport: A123456	Certificate Number: 123456
Home Country: IN	Effective Date: 4/13/2024
Destination: US	Termination Date: 9/14/2024
Plan Benefits *All Currency USD	
Deductible:	\$2,500
Medical and Hospitalization Maximum:	\$50,000
Emergency Medical Evacuation:	\$2,000,000 per Policy Period
Repatriation of Remains:	\$50,000 per Policy Period
Pre-Existing Conditions:	Covered for Unexpected Recurrence/Onset (some limitations apply)

COVID-19, SARS-CoV-2 Conditions are covered the same as any other Illness to the above mentioned 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.