



GROUP NUMBER:

MEMBER ID:

INSURED NAME:

DATE OF BIRTH:

EFFECTIVE DATE:

TERMINATION DATE:

DEDUCTIBLE:

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 8am-6pm CST

Direct 251-928-0939

Provider Locator Assistance

800-226-5116 8am-8pm EST

Provider Locator Website

[www . firsthealthinternational . com](http://www.firsthealthinternational.com)

24 HOUR EMERGENCY ASSISTANCE/EVACUATION

On Call International TOLL-FREE 833-425-5101 Direct 603-952-2686

Electronic (EDI) Claims should be sent to Payor ID: **14829**

All claims with itemized bills including diagnosis, should be mailed to:
Co-Ordinated Benefit Plans, LLC on behalf of Crum and Forster,SPC
PO Box 21474
Eagan, MN 55121

Insured by Crum and Forster, SPC

AH-2290 (07/20)

Confirmation of Coverage for Visa Application

Todays Date: 5/10/2022

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.

Covered Person: John Smith	Policy Number: CRVB-123-45
Passport: C12345678	Certificate Number: 123456
Home Country: IN	Effective Date: 5/20/2022
Destination: US	Termination Date: 6/01/2022

This coverage is valid worldwide including the destination country listed below as well as all other Schengen countries.

Plan Benefits

*All Currency USD

Deductible:	\$0
Medical and Hospitalization Maximum:	\$50,000
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: Covered same as any other illness to the above mentioned Medical Maximum

Other limitations and exclusions do apply. Please see policy documents for details or contact us or your agent at the number below for any questions. This document does not contain information for claim filing. Please see your ID card or certificate for information.

Sincerely,

Jane A. Pennington

Agent Information

Insubuy, Inc.
+1-972-985-4400