



GROUP NUMBER: CRCS-123456

MEMBER ID: 980300123

INSURED NAME: SETH GODA

DATE OF BIRTH: 04/20/1959

EFFECTIVE DATE: 2020-10-10

TERMINATION DATE: 2020-11-15

IN NETWORK DEDUCTIBLE - \$0

OUT of NETWORK DEDUCTIBLE - \$0

URGENT CARE CO-PAY \$30

PRESCRIPTIONS - PAY AND CLAIM - Out of Network Deductible applies

Contact Information:

Benefits/Eligibility/Claim Status

866-696-0409 Direct 251-928-0939

Provider Locator Assistance

800-226-5116

Provider Locator Website

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

24 HOUR EMERGENCY ASSISTANCE/EVACUATION

On Call International TOLL-FREE 888-699-1401 Direct 603-952-2075

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

Electronic (EDI) Claims should be sent to Payor ID: **14123**

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-2001 (04/20)

Confirmation of Coverage for Visa Application

Today's Date: 10/8/2020

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 as well as the Schengen countries. This plan can pay directly to providers when the Assistance Company is contacted and approves payment.

Covered Person: SETH GODA	Policy Number: CRCS-123456
Passport: T123456	Order Number: 737123
Home Country: IN	Effective Date: 2020-10-10
Destination: US	Termination Date: 2020-11-15

Plan Benefits

*All Currency USD

Deductible:	\$0
Medical and Hospitalization Maximum:	\$50000.00
Emergency Medical Evacuation:	\$2,000,000
Emergency Reunion:	\$15,000
Repatriation of Remains:	\$50,000
Pre-Existing Conditions:	Covered for Acute Onset

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 Pennington

Agent Information:
Insubuy, Inc.
+1 (866) INSUBUY