



Name: SINGH, KUMAR  
Insured ID: 012345789  
Certificate: SHAPT0123456788  
Effective: 1-JAN-2016  
Expiration: 3-MAR-2016

This coverage contains precertification requirements (see back).  
Possession of this card does not guarantee coverage.

Failure to comply will result in a reduction of benefits.  
To precertify, prenotify, verify eligibility, and/or benefits,  
please contact IMG at:

Inside the US and Canada: 1.800.628.4664  
Fax: 1.317.655.4505

Outside the US and Canada: +44(0) 1444.46.5577 or 01.317.655.4500  
Fax: +44(0) 1444.46.5550

From the Bahamas: 1.866.677.4500  
Email: insurance@imglobal.com

Online Provider Network: [www.imglobal.com/provider](http://www.imglobal.com/provider)  
Electronic Claim Payor ID: IMGIN

Mail all claims to:

IMG  
P.O. Box 88500  
Indianapolis, IN 46208-0500  
USA

OR

IMG Europe Ltd./Claims Dept.  
36-38 Church Road  
Burgess Hill, West Sussex  
RH15 9AE, United Kingdom



## Confirmation of Coverage

December 17, 2015

RE: Confirmation of Coverage for KUMAR SINGH  
Certificate Number: SHAPT012345678

To Whom It May Concern:

Please be advised that KUMAR SINGH has purchased Student Health Advantage Platinum certificate number SHAPT012345678 effective 1-Jan-2016 to 03-March-2016. The policy is administered by International Medical Group®, Inc., and underwritten by Sirius International Insurance Corporation (publ) located at 113 96 Stockholm, Sweden. Sirius has an “A” (Excellent) rating from A.M. Best.

Medical coverage is provided while traveling worldwide outside of the insured person's Home Country including United States of America, per policy provisions. Coverage includes the Schengen states per the policy provisions. Emergency evacuation (also known as Repatriation) is provided up to a maximum benefit of 500,000.00 USD and Return of Mortal Remains benefits up to a maximum of 50,000.00 USD are included when coordinated by IMG. A copy of the Schedule of Benefits providing an outline of coverage provided, limitations and maximum benefits, is attached, as well as the Declaration page of the Certificate indicated above. This information will verify that Eligible Expenses, including Hospitalization expenses, are subject to a 25.00 USD per Illness or Injury deductible and coinsurance not exceeding 20% of Eligible Expenses. The maximum limit of coverage per period of insurance is 1,000,000.00 USD.

If you need further information, please feel free to contact our office at the number listed below. Thank you.

Sincerely,

Certificate Holder Services  
317.655.4500

insubuy.com  
SAMPLE ONLY

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**Your Producer Contact Information:**

Insubuy, Inc. - 51855  
4700 Dexter Dr, Suite 100  
Plano, TX 75093  
Telephone: (866) INSU-BUY  
Fax: 972-767-4470  
Email: [info@insubuy.com](mailto:info@insubuy.com)  
Website: [www.insubuy.com](http://www.insubuy.com)

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