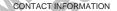
📿 Fırst Health Network

GROUP NUMBER: CRCH-1234567 INSURED NAME: Ron Fellen DATE OF BIRTH: 5/15/1956 EFFECTIVE DATE: 3/21/2024 DEDUCTIBLE: \$1,000 PRESCRIPTIONS - PAY AND CLAIM MEMBER ID: 123456789

TERMINATION DATE: 6/3/2024

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: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

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 Persor	1: Ron Fellen	Policy Number: CRCH-12345678
Passport:	A123456	Certificate Number: 12354678
Home Country:	India	Effective Date: 3/21/2024
Destination:	United States of America	Termination Date: 6/3/2024
Plan Benef	fits	*All Currency USD
Deductible:		\$1,000
Medical and Hospitalization Maximum:		\$50,000
Emergency Mee	dical Evacuation:	\$2,000,000 per Policy Period
Emergency Mea Repatriation of		\$2,000,000 per Policy Period \$50,000 per Policy Period
	Remains:	

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.