

GROUP NUMBER: CRUS-123456

MEMBER ID: 123456789

INSURED NAME: John Smith

DATE OF BIRTH: 9/9/1959

EFFECTIVE DATE: 4/13/2024 TERMINATION DATE: 9/14/2024

DEDUCTIBLE: \$2,500

PRESCRIPTIONS - PAY AND CLAIM

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

CONTACT INFORMATION



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 Rox 241989

Apple Valley, MN 55124

Insurance benefits underwritten by Crum and Forster, SPC

1234567

Confirmation of Coverage

Todays Date: 10/19/2024

To whom it may concern:

We are pleased to confirm international travel medical coverage under the Safe Travels Plans, provided by Zurich Insurance Europe AG Belgian branch, 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: \$1,000,000 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.