



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 | 866-669-9004 Direct 251-928-0939  |
| Online Claims Status              | <a href="https://mytrawick.com/accounts/member">https://mytrawick.com/accounts/member</a> |
| Provider Locator Assistance       | 800-226-5116  |
| Provider Locator Website          | <a href="http://www.firstthealthinternational.com">www.firstthealthinternational.com</a>  |

**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 Box 241989**  
**Apple Valley, MN 55124**

Insurance benefits underwritten by Crum and Forster, SPC

1234567

# Confirmation of Coverage

**Today's 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.

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Covered Person:</b> John Smith | <b>Policy Number:</b> CRUS-123456  |
| <b>Passport:</b> A123456          | <b>Certificate Number:</b> 123456  |
| <b>Home Country:</b> IN           | <b>Effective Date:</b> 4/13/2024   |
| <b>Destination:</b> US            | <b>Termination Date:</b> 9/14/2024 |

## Plan Benefits

\*All Currency USD

|   |  |
|---|--|
| <b>Deductible:</b>                          | \$2,500  |
| <b>Medical and Hospitalization Maximum:</b> | \$50,000   |
| <b>Emergency Medical Evacuation:</b>        | \$2,000,000 per Policy Period                                    |
| <b>Repatriation of Remains:</b>             | \$50,000 per Policy Period                                       |
| <b>Pre-Existing Conditions:</b>             | 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.