



INSURANCE CONFIRMATION CARD

Name: _____

Group: InterExchange

Group #GLB9109322 – **Au Pair USA**

Underwritten by The Insurance Company of the State of Pennsylvania, a member company of the American International Group, Inc. (AIG).

Travel Medical Benefits

Accident/Sickness Maximum (\$30.00 co-pay per out-patient hospital services and physician visits)	\$75,000 (Per Incident)
Emergency Room Visit Deductible	\$400 (Waived if admitted)
Emergency Medical Evacuation	\$30,000
Accidental Death & Dismemberment	\$10,000
Repatriation of Remains	\$7,500
Mental & Nervous Disorder or rest cures	\$1,500
Emergency Dental per tooth Maximum	\$75
Includes Family Travel Benefit	
Includes Emergency Medical Assistance Service	

The person named on this card (and dependents if noted) is eligible for certain Services and Benefits.

Seven Corners Assist must be contacted:

- To confirm coverage and benefits
- As soon as non-emergency hospitalization is recommended.
- Within 48 hours of the first working day following an emergency admission.
- When your physician recommends any surgery including outpatient.
- For emergency evacuation, repatriation, and assistance services.

If in the United States, call 1-800-690-6295.

If outside the United States, call 317-818-2808 (collect).

To obtain a list of U.S. providers, contact Seven Corners Assist or visit www.sevencorners.com/ppo

Please Mail Claims to:
Seven Corners, Inc. (Formerly SRI)
303 Congressional Blvd.
Carmel, IN 46032 USA

