



INSURANCE CONFIRMATION CARD

Name: _____

Group: InterExchange

Group #GLB9109327 – **H-2B Visa USA**

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

Travel Medical Benefits

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|--|-------------------------|
| Accident/Sickness Maximum (\$40.00 co-pay per out-patient hospital services and physician visits) | \$75,000 (Per Incident) |
| 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

