



## INSURANCE CONFIRMATION CARD

Name: \_\_\_\_\_

Group: InterExchange

Group #GLB9109323 – **Work & Travel 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<br>(\$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](http://www.sevencorners.com/ppo)

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

