



# COLLEGIATE CARE STANDARD

## 2018-2019

International Medical, Evacuation and Repatriation Insurance Plan Designed Especially for International Students, Scholars and their Families studying or teaching in the USA

## COLLEGIATE CARE STANDARD

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Standard
Annual Maximum	\$500,000
Lifetime Medical Maximum	No Lifetime Maximum
Deductible	\$500 Annual
Co-insurance In Network	80% of the Preferred Allowance
Co-insurance Out of Network	60% of URC
<b>Physician Visits:</b>	
Student Health Center	\$0 Co-Pay
Primary Care Physician	\$30 Co-Pay
Specialist Visits	\$50 Co-Pay
Consultation Fee	\$50 Co-Pay
Hospital Room and Board Charges	\$250 Inpatient or Outpatient Co-Pay
Emergency Room	\$250 Co-Pay per visit (waived if admitted)
Maternity	Not Available
Pre-existing conditions	Covered after 6 months
Prescription Drugs	Pay and Claim; Covered up to the Policy Maximum.
Emergency Medical Evacuation/Repatriation	\$100,000
Return of Mortal Remains	\$100,000
Home Country Coverage	Up to 30 days or \$1,000 whichever comes first
Age	Rates Effective August 1, 2018
12-24	\$65
25-29	\$179
30-65	\$338
Dependent	\$482

This is a short term limited benefit plan.

**You must actively attend/teach classes for the entire coverage period. Proof of active enrollment/contract will be requested at the time of a claim. This plan is fully earned and non-refundable on the effective date.**

### Eligibility

You are eligible for this coverage in the USA, if you have a current passport or visa and are temporarily residing outside your home country/country of permanent residence while actively engaged in education or research activities. You are “actively engaged” in education, teaching or research activities if you are one of the following: F1/J1 valid Visa holder; Undergraduate – registered for and attending classes on a full-time basis; Graduate Student; Scholar or researcher who is invited by an educational organization; Students involved in education, educational activities, or research related activities. Students must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased. Home study, correspondence, internet classes and television courses do not fulfill the eligibility requirements. Your spouse and dependent children are also eligible for coverage if accompanying you and enrolled on your policy.

For purposes of this insurance, if the Eligible Person’s home country or country of permanent residence (passport country) is different from the Eligible Person’s country of permanent residence (location in which the Eligible Person permanently resides), the Eligible Person will not be covered in either location. Permanent residents (green card holders) and US Citizens are not eligible for coverage under this Policy. Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country. Injury or Accidents while on an Incidental trips to a country outside the USA, during the period of coverage are covered up to \$1000..

## When Coverage Begins And Ends

**Effective Date** – The Effective Date of this Policy is the later of the following: 1. the date the Company receives a completed Application and correct premium for the Period of Insurance, or 2. the date requested on the Application, or 3. the day after applying online, or 4. the day after postmark when mailed. The Effective Date for your eligible spouse or dependents enrolled with you is your Effective Date, provided the Company receives the required premium for the spouse or dependent. If a spouse or dependent becomes eligible after your Effective Date, you have 30 days from the date such spouse or dependent first becomes eligible to enroll them and pay the applicable premium.

**Coverage Ends** - Your coverage ends on the earliest of the following: 1. the date you cease to be eligible for coverage; or 2. the end of your term of coverage; or 3. the date requested on your application; or 4. the last day for which premium has been paid; 5. The date you no longer are affiliated with a school; 6. The date you return home; 7. After 364 consecutive covered days. Your spouse or dependent coverage will end at the earliest of: 1. the end of your term of coverage; or 2. the date requested on your application; or 3. the last day for which premium has been paid; 4. The date you no longer are affiliated with a school; 5. The date you return home; 6. After 364 consecutive covered days; or 7. the date a spouse or dependent is no longer eligible for coverage.

## Medical Expense Benefits

**Standard** - \$500,000 Annual Maximum for all Medical Expense

Per Injury or Sickness Student: \$100,000 Spouse/Domestic Partner: \$100,000 Dependent Child \$ 100,000

The plan will pay benefits for covered expenses incurred by you for loss due to Sickness or injury, less any per injury or sickness deductible and subject to the Schedule: 1. The Maximum benefit for all services as shown in the Eligible Medical Expenses Section; 2. The Maximum amount for specific services as shown in the Schedule; and 3. Any coinsurance amount shown in the Schedule. Covered expenses are considered incurred when the covered service is rendered, provided there is a charge made for such service. The plan provides payment for services, procedures and supplies that are medically necessary. No benefits will be paid for expenses determined not to be medically necessary, including any or all days of hospital stay. The total payable for all covered expenses will not exceed the Maximum benefit shown in the Schedule; 13 weeks of treatment or to the end of the Period of Insurance, whichever comes first.

### Eligible Medical Expenses include:

#### Physician Visit Benefit

**Inpatient** -We will pay charges by a Physician for other than pre- or post-operative care for in-Hospital visits, for Physician's Visit – In-Hospital, unless it is covered through an all-inclusive case rate negotiated through the network.

**Outpatient** - \$30 per visit Co-Pay and after the Co-Pay We will pay charges by a Physician for office visits, up to the Maximum. \$0 per visit Co-Pay when seen at Student Health Center.

#### Specialist Outpatient Visit Benefit

\$50 per visit Co-Pay and after the Co-Pay We will pay charges by a Physician for office visits, up to the Maximum.

#### Consultant Physician Benefit

When requested and approved by the attending physician \$50 Co-Pay if, by reason of Injury or Sickness a Covered Person requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis. We will pay the amount incurred unless the cost of this service is included in a negotiated case rate with the provider or facility.

#### Hospital Room & Board Benefit

Semi-Private Room Rate max 30 days and \$250 Inpatient Co-Pay and \$250 Outpatient Co-Pay.

#### ICU Room and Board Benefit

We will pay charges for each day of Intensive Care/Cardiac Care Unit confinement.

#### Hospital Miscellaneous Expense Benefit

**Inpatient** - We will pay for services, supplies and charges during a Hospital Stay. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions.

**Outpatient**-We will pay for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an Outpatient basis.

#### Surgeon/Surgery In or Outpatient Benefit

\$30 Surgeon PCP Co-Pay or \$50 Co-Pay for Specialist. We will pay charges for a Physician, for primary performance of a surgical procedure.

#### Assistant Surgeon Benefit

If, in connection with such operation, a Covered Person requires the services of an Assistant Surgeon, We will pay the Covered Expense incurred.

**Emergency Room Benefit**

\$250 per visit Co-Pay. We will pay if the Covered Person requires Emergency Room treatment due to a Covered Loss resulting directly and independently of all other causes from a Covered Accident or Sickness.

**Pre-Admission Testing Benefit**

We will pay benefits for charges for Pre admission testing (inpatient confinement must occur within 3 days of the testing).

**Anesthesia Benefit**

We will pay benefits for Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an Inpatient or Outpatient basis.

**Diagnostic X-Ray and Laboratory Benefit**

We will pay if the Covered Person requires diagnostic x-ray and/or laboratory examinations and services due to a Covered Loss.

**Physiotherapy/Chiropractic Expense Benefit**

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, or any form of physical therapy.

**Ambulance Benefit**

When, by reason of Injury or Sickness, a Covered Person requires the use of a community or Hospital Ambulance in a Medical Emergency, We will pay up to \$350 for transportation, within the metropolitan area in which the Covered Person is located at that time the service is used.

**Mental and Nervous Conditions Expense Benefit**

If a Covered Person requires treatment for a Mental or Nervous Condition, We will pay for such treatment as follows:

Benefits for Inpatient Hospital Confinement -When a Covered Person requires Hospital Confinement for treatment of a Mental or Nervous Condition, Benefits for Outpatient Services - We will pay the Eligible Expenses incurred for the Outpatient treatment of Mental and Nervous Conditions as defined.

**Alcohol and Drug Abuse Expense Benefit**

If a Covered Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows: Benefits for Inpatient Hospital Confinement - When a Covered Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency. Benefits for Outpatient Services -Treatment and Physician services include charges for services rendered in a Physician's office or by an Outpatient treatment department of a Hospital.

**Emergency Dental Expense Benefit**

We will pay for expenses for emergency dental treatment due to Injury to Natural Teeth or to relieve pain.

**Outpatient Prescription Drug Benefit 100% - Pay and claim**

Covers Prescription Drugs which are prescribed for a Covered accident or acute illness of an Insured person.

**Durable Medical Equipment Expense Benefit**

If, by reason of Injury or Sickness, a Covered Person requires the use of Durable Medical Equipment, We will pay the Eligible expenses incurred by a Covered Person for such Durable Medical Equipment. We pay the Eligible Expenses incurred by a Covered Person for the purchase or rental of such item.

**Emergency Medical Evacuation and Return of Remains Benefit**

When You suffer loss of life for any reason or incur a covered Sickness or Injury during the course of Your Period of Insurance, the following benefits are payable. Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the Program Medical Advisor authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

Medical Repatriation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment. Return of Remains: In the event of Your death during the Period of Insurance, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence.

**Emergency Reunion**

\$5,000 If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation or Medical Repatriation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion for hotel and meals to a Maximum of \$50 per day up to the Maximum stated.

## B. Outpatient Covered Expenses Include:

1. **Surgery Services:**
  - Surgeon
  - Anesthetist
  - Miscellaneous for Day Surgery benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies.
2. **Miscellaneous Hospital and Doctor Surgery Services**
3. **Doctor's Visits**
4. **Physiotherapy**
5. **Medical Emergency**
6. **Diagnostic X-ray Services** - Separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in (CPT) as codes 70000-79999 inclusive.
7. **Radiation Therapy**
8. **Laboratory Procedures** - are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.
9. **Tests and Procedures** - a. Diagnostic services and medical procedures; b. Performed by a doctor; c. Excluding Doctor's Visits; Physiotherapy; X-rays; and Laboratory Procedures.
10. **Injections** - a. When administered in the doctor's office; and b. Charged on the doctor's statement.
11. **Prescription Drugs** - Pay and claim.
12. **Chemotherapy**
13. **Mammography** – one per year
14. **Pap Smear** for annual testing performed by FDA-approved gynecologic cytology screening technologies.
15. **Alcohol and Substance Abuse**
16. **Mental and Nervous Disorders**
17. **Durable Medical Equipment (DME)**

## C. Other Services Include:

1. **Ambulance Services** – up to \$350 per sickness or injury
2. **Braces and Appliances:** a. When prescribed by a doctor; and b. When a written prescription accompanies the claim when submitted. Braces and appliances include durable medical equipment which: Is primarily and customarily used to serve a medical purpose, Can withstand repeated use, and Is not generally useful to a person in the absence of sickness or injury. No benefits will be paid for rental charges in excess of purchase price.
3. **Consulting Physician** when requested and approved by the attending doctor. Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.
4. **Dental Treatment** performed by a doctor and made necessary by injury or to relieve pain to natural teeth.

## D. Additional Covered Services Include:

1. **Repatriation** - The plan pays for repatriation up to \$50,000 while covered under the policy. This benefit will be paid for preparing and transporting your remains to your Home Country.
2. **Emergency Medical Evacuation** – the plan pays up to \$50,000 for medical evacuation to your Home Country while you are covered under the policy. This benefit will be paid: a. During a minimum hospital stay; and b. When recommended and approved by the attending doctor.
3. **Emergency Reunion** - When an Insured Person is hospitalized for more than 7 days, and the Insured Person is eligible for a covered Emergency Medical Evacuation or Repatriation under this Policy, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized and return to the current Home Country.

## Accidental Death And Dismemberment Principal Sum

**Accidental Death Benefit** – the plan pays \$15,000 when your death occurs as a result of accidental injury.

**Dismemberment Benefit** - If you sustain accidental injury that results in loss of a limb or sight the plan will pay the portion of the Principal Sum shown below. Loss must occur within 90 days of the accident causing such loss. In the event of more than one loss only one sum, the largest, will be paid.

For injury resulting in the loss of:

- Both hands or both feet or the sight of both eyes ;or One hand and one foot, one hand or one foot and the sight of one eye: \$15,000
- One hand or one foot or the sight of one eye: \$7,500

“Loss of hand or foot” means severance at or above the wrist or ankle joint. “Loss of sight” must be entire and irrecoverable.

## Extension of Accident and Sickness Medical Benefit and Benefit Period

If a Covered Person is hospital confined at term of coverage, benefits will continue to be paid until the earlier of either discharge from the hospital they are confined to or until the Maximum benefit has been paid, whichever occurs first. In no event will benefits continue beyond 30 days beyond the term of coverage or beyond the 13 week benefit period.

## Definitions

<b>Benefit Period</b>	means the period of time from the date of the Accident causing the Injury or Sickness for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.
<b>Coinsurance</b>	means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.
<b>Co-Pay</b>	means a specified charge that the Covered Person is required to pay when a medical service is rendered.
<b>Deductible</b>	means the dollar amount of Eligible Expenses which must be incurred and paid by the Covered Person before benefits are payable under the Policy. It applies separately to each Covered Person.
<b>Home Country</b>	means the country where a Covered Person has his or her true, fixed and permanent home and principal establishment
<b>Period of Insurance</b>	means the period of time following the Covered Person's Effective Date until the last date for which premium has been paid, or 364 days, whichever is less.
<b>Pre-Existing Condition</b>	means an Injury, Sickness, disease, or other condition during the 365 day period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person : 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 180 day period before coverage is effective under the Covered Person's Plan.
<b>Usual, Reasonable and Customary</b>	means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of: 1) The actual amount charged by the provider; or 2) The negotiated rate; or 3) The charge which would have been made by the provider (Physician, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply. "Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

## Coordination of Benefits Provision

If a Covered Person is covered for Benefits under the Policy, and is also covered for these Benefits under one or more other Plans, the benefits payable under the Policy will be coordinated with the benefits payable under all other Plans. Coordination of Benefits will be used to determine the benefits payable for a Covered Person for any Claim Determination Period if, for the Allowable Expenses incurred in that period would exceed those Allowable Expenses: The benefits that would be payable under the Policy without coordination; and The benefits that would be payable under all other Plans without the coordination of benefits provisions in those Plans. The benefits that would be payable under the Policy for Allowable Expenses incurred in any Claim Determination Period without Coordination of Benefits will be reduced to the extent required so that the sum of: Those required benefits; and All the benefits payable for those Allowable Expenses from all other Plans will not exceed the total of those Allowable Expenses. Benefits payable under all other Plans include the benefits that would have been payable had proper claim been made for them. However, the benefits of another Plan will be ignored when the benefits of the Policy are determined if: The Benefit Determination Rules would require the Policy to determine its benefits before that Plan; and The other Plan has a provision that coordinates its benefits with those of the Policy and would, based on its rules, determine its benefits after the Policy. When Coordination of Benefits reduces the total amount otherwise payable in a Claim Determination Period for a Covered Person, each benefit that would be payable in the absence of Coordination of Benefits will be reduced in proportion. The reduced amount will be charged against any applicable benefit limit of the Policy. We reserve the right to release to or obtain from any other insurance company or other organization or person, any information that, in Our opinion, We or it needs for the purpose of the Coordination of Benefits. When payments that should have been made under the Policy based on the terms of this provision have been made under any other Plans, We have the right to pay to any other organization making these payments the amount it determines to be warranted. Amounts paid in this manner will be considered benefits paid under the Policy. We will be released from all liability under the Policy to the extent of these payments. When an overpayment has been made by us, at any time, We will have the right to recover that payment, to the extent of the excess, from the person to whom it was made or any other insurance company or organization, as We may determine.



## Exclusions and Limitations

### Pre-Existing Conditions

The “**Pre-existing Condition Waiting Period**” is 6 months. If you receive treatment or service for a Pre-Existing Condition: a) No benefits will be paid for such condition until the day after a 6 consecutive month period has passed from your effective date; and b) The plan will pay only for Covered Expenses incurred after such 6 consecutive month period.

### Exclusions

No benefits will be paid for loss or expense caused by or resulting from:

1. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self- destruction or intentional self-inflicted Injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. Injury sustained while in the service of the armed forces of any country;
4. Voluntary active participation in a riot or insurrection;
5. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
6. Treatment for an Injury or Sickness resulting from the Covered Person’s intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Covered Person’s Physician;
7. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
8. Eligible Expenses for which the Covered Person would not be responsible in the absence of the Policy; 9. Treatment of acne;
10. Charges which are in excess of Usual, Reasonable and Customary charges;
11. Charges that are incurred outside of the Period of Insurance either prior to coverage commencing or after coverage has terminated;
12. Charges that are not Medically Necessary; charges provided at no cost to the Covered Person;
13. Expenses incurred for treatment while in Your Home Country which exceed 30 days or \$1000;
14. Expenses incurred for an Accident or Sickness after the termination date of coverage;
15. Regular health checkups, routine physical examinations, immunizations or other examinations where there are no objective indications or impairment in normal health;
16. Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources;
17. Pre-existing conditions; however a Pre-Existing condition will be covered after the Covered Person has been continuously insured for 12 months under the same insurance plan;
18. Unless covered herein, Pregnancy or childbirth, elective abortion, or any complications of any of these conditions;
19. Dental care or treatment other than care of sound Natural Teeth and gums, required for Injury resulting from an Accident while covered under the Policy, and rendered within 6 months of the Accident;
20. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions thereof;
21. Travel in or upon a snowmobile, a water jet ski, any two or three wheeled motor vehicle, motorcycle registered for on-road travel, or any off road motorized vehicle not requiring licensing as a motor vehicle;
22. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving involving underwater breathing apparatus; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding; or other hazardous activities as determined by the insurance company;
23. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports, contest or competition;
24. Rest cures or custodial care;
25. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body. Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness.

## Claims Status, Eligibility Verification and Coverage Questions

GBG Administrative Services

26741 Portola Pkwy Ste. 1E #527 Foothill Ranch, CA 92610

Toll Free: 877-916-7920

[eclaims@gbg.com](mailto:eclaims@gbg.com)

Find a provider at our website at

<https://www.trawickinternational.com/resources/healthcare-provider-search>

and type in the zip code for your area.

- Provide the hospital or doctor with a copy of your ID card so they can bill us for the services provided to you. This shows your member ID and how to find you in our system to verify benefits. Failure to give the correct information to the provider could result in bills getting sent to you, instead of the insurance company.

- In most cases, you are only required to pay your deductible and the cost for any services which may not be covered under your Policy. However, if you are required to pay for services in full, then you will need to provide the necessary documentation for reimbursement: a) Signed medical statement which includes medical coding for service performed by the service provider; b) Proof of payment (receipts) and c) Copy of your ID card. If you get a bill from a provider call them to make sure they have your insurance information. Failure to contact them with your information will delay the processing of your claim and could result in you being solely responsible for the charges.
- All claims, regardless of submission date, must be received in our office within 90 days of treatment or they will be denied. Initial treatment must occur within 90 days of the Accident or Sickness.
- Once a claim has been reviewed, additional documentation may be required for processing. This request will be made in writing to the address on file or via email. Please make sure your mailing address and email address are current.
- Your Insurance ID is the number beginning with 999...
- After a claim has been processed you and the provider will receive an explanation of benefits (EOB). The EOB has a claim number, date of service, paid date, amount paid, amount applied to your deductible and an explanation as to why/how the claim was processed. The EOB will also state if you owe the provider anything for the service. If there is a reimbursement to you, a check or direct deposit to your account will be noted on the EOB. If you get a bill from a provider and do not get an EOB from us within 60 days, please contact us at the number above for claim status.
- If a claim is denied you will receive a written explanation on the EOB. If you feel the decision is wrong, you have the right to appeal the decision. You can get an appeal form by calling the claim office at **877-916-7920**.

Payment of loss under this Policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). This is a brief description of coverage provided under this short term limited benefit group policy and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for details. Coverage may vary or may not be available in all states.



Trawick International Inc.  
 PO Box 2284  
 Fairhope, Alabama 36533

Toll Free: 888-301-9289 Direct: 251-661-0924  
 Email: [Info@trawickinternational.com](mailto:Info@trawickinternational.com)  
[www.trawickinternational.com](http://www.trawickinternational.com)

GBG Insurance Limited  
 SS14-15239-18

Our privacy policy: we know your privacy is important to you. We strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law including hippa. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information.



## Your Agent Information

[www.VisitorsCoverage.com](http://www.VisitorsCoverage.com)

866-384-9104

2350 Mission College Blvd

Santa Clara, CA 95054

[insurance@visitorscoverage.com](mailto:insurance@visitorscoverage.com)

<http://www.visitorscoverage.com>