To Whom It May Concern:



This letter is to confirm that premium payment has been received on behalf of the below named insureds. Medical Coverage is being provided under the terms of the Seven Corners Travel Medical Choice policy. This policy includes coverage for hospitalization. repatriation, and medical expenses. The plan provides worldwide coverage (including all Schengen Countries). Coverage dates are indicated below.

Primary Insured: Frist Name Last Name Primary Date of Birth: 05/14/1972 Name of Insured: Frist Name Last Name Certificate #: 2TMPL00-000555 Effective Date: October 05, 2022 October 12, 2022 **Expiration Date: Destination Country** CROATIA Deductible \$500 Relationship Primary Medical Maximum \$100,000 Adventure Activities Declined Accidental Death and Dismemberment (AD&D) Up to age 18: \$5,000; Age 19 and over: \$25,000 Emergency Medical Evacuation & Repatriation \$500,000 (separate from the Medical Maximum) Extension of Benefits to Home Country \$10,000 Return of Mortal Remains \$50,000

Other limitations and exclusions do apply. Please see policy documents for further details.

Should you have any questions or concerns, please do not hesitate to contact this office at policy@sevencorners.com.

Sincerely.

James J. Krampen

Seven Corners, Inc. 303 Congressional Blvd. Carmel, IN 46032 800-335-0611 www.sevencorners.com