

## INSURANCE CONFIRMATION CARD



Name:

Certificate Number:

Effective:                      Expiration:

Group Name: Dynamic Global Exchange

Group #: LON13-130430-01TM

Underwritten by Certain Underwriters at Lloyd's, London

### Travel Medical Benefits

Accident/Sickness Maximum

Deductible

Emergency Medical Evacuation

Accidental Death & Dismemberment

Repatriation of Remains

Includes Emergency Medical Assistance Service

### MyPlan – Account Setup Information

MyPlan Website: <https://myplan.sevencorners.com>

Click on "Setup New Account"

Use your Certificate Number and Date of Birth

\$ 100,000 per Primary Insured

\$ 75 per Person per Occurrence

\$ 50,000

\$ 10,000

\$ 25,000

### 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)**

Seven Corners utilizes AT&T Direct for its toll free 800 numbers. Virtually anywhere in the world you can dial an access code, then dial one of Seven Corners' 800 numbers and be connected to Seven Corners. [www.sevencorners.com/att](http://www.sevencorners.com/att)

To obtain a list of providers, please contact Seven Corners Assist at the numbers above.

Claim/proof of loss Forms can be found at:

[www.compassbenefits.com/dynamicglobalexchange/claims\\_form.pdf](http://www.compassbenefits.com/dynamicglobalexchange/claims_form.pdf)

**To be considered, proof of loss form and receipts for expenses must be submitted within 90 days of the date of service!**

Instructions:

1. This form must be completed by the Insured in full to be considered for Medical Expense Payment.
2. Fully itemized bills including Claimant's Name, Nature of Illness/Injury, must be included with this proof of loss form.
3. Description and Charge for each service provided.
4. This form must be signed and dated in all applicable sections. In most cases, two signatures are required.
5. This form and all attached bills must be submitted to the address indicated below.

The furnishing of this form, or its receipt by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract. Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.

### **Please Mail Claims to:**

Seven Corners  
303 Congressional Blvd.  
Carmel, IN 46032 USA  
Fax: 317-575-2256