



HCC Medical Insurance Services, LLC
251 North Illinois Street, Suite 600, Indianapolis, Indiana 46204 USA
main 317 262 2132 facsimile 317 262 2140 toll free 800 605 2282
hccmis.com orders@hccmis.com

Abhinav 5516971994 singhal
255 warren street apt 1101
Jersey city, NJ 07302
United States

HCC Medical Insurance Services
http://
1-800-605-2282
sales@hccmis.com

The Atlas Series

Thank you very much for your recent application for membership in the Atlas/International Citizen Group Insurance Trust and for the insurance provided to its members under the Atlas Series. These documents present instructional information as well as a page of details about your coverage elections and an ID card for each person on this order. Please be sure to read the summary of the coverage available under this plan, available in the link(s) on the following Declaration page.

This insurance coverage, offered by HCC Medical Insurance Services, does not meet the minimum standards required by the health care reform law. The policy contains the plan benefits, including a lifetime maximum, that you have selected. Please review your choices to ensure that you have sufficient coverage to meet your medical needs.

How to Use Your Insurance

In the event you need medical attention, present the identification card to your attending physician. The physician is welcome to submit bills directly to us. You will need to submit a Claimant's Statement.

To file a claim, please submit the original, itemized bills and payment receipts to us along with a Claimant's Statement and Authorization form. Claims must be filed within 60 days of the termination date of your policy. You may obtain a Claimant's Statement at:

http://www.hccmis.com/downloads/HCCMIS_Claimants_Statement.pdf.

This insurance policy does contain pre-certification requirements. You need to notify us in advance (within 48 hours for emergencies) for any hospitalizations or surgeries as well as other items listed on your identification card or in the policy description. You may pre-certify through Client Zone or by phoning HCC Medical Insurance Services. Pre-certification is not a guarantee of benefits, please review your policy carefully.

Client Zone:

<https://zone.hccmis.com/clientzone/>

- Obtain a Visa Letter
- Extend coverage and reprint an ID card
- Study destination, weather and travel security information using our [Travel Board](#)

Other Resources

- Use these worldwide toll-free numbers to contact us from a host of countries
<http://www.hccmis.com/docs/WorldwideNumbers.pdf>
- Contact us at <http://service.hccmis.com/>
- Connect with us on [Facebook](#), [Twitter](#) and [Google+](#) for travel alerts or service assistance

Please Note

This insurance is extendable for up to 364 days. Extensions may be completed online through Client Zone.

If your coverage has ended and you need additional coverage, Client Zone will also allow you to purchase a new plan.

You are welcome to phone us or visit our website to obtain additional information or ask questions about your insurance. Again, thank you for choosing the Atlas Series, and have a safe and enjoyable trip.

The Atlas Series
Unique Market Ref. No. B0755RAM00215

Member Name (ID Number, Citizenship):

Abhinav 5516971994 singhal (A91337251, India)

Mailing Address:

255 warren street apt 1101
Jersey city, NJ 07302
United States

Home Country:

India

Effective Date:

September 26, 2015

Termination Date:

September 30, 2015

Length of Coverage:

5 days

Actual effective date and period may vary based on the provisions of this coverage.

Coverage:

Atlas America

Overall Maximum Limit:

\$50,000

Maximum per Injury / Illness:

\$50,000

Deductible:

\$500

**Optional Coverage
(if elected):**

None Available

Online Fulfillment:

Yes

Shipping Charges:

\$0.00

Purchase Date:

August 18, 2015

Paid By:

VISA

Total Paid:

\$8.25

Plan Administrator:

HCC Medical Insurance Services
251 N. Illinois St., Ste. 600
Indianapolis, IN 46204

This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact HCC Medical Insurance Services.

A summary of the coverage available under this plan is available at: <http://www.hccmis.com/docs/1001150415.pdf>.

POLICYHOLDER/CERTIFICATE HOLDER NOTICE

U.S TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

It is important to note that no coverage is provided by this Policyholder/Certificate Holder Notice nor can it be construed to replace any provisions of your plan. For complete information on provided coverage, consult the plan itself and the Declaration page. This Policyholder/Certificate Holder Notice is solely for providing information concerning the possible impact on your insurance coverage due to directives issued by OFAC, and it is necessary that this notice be read carefully. OFAC administers and enforces sanctions policy based on national emergency declarations made by the President and has identified numerous countries, foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons ("SDN")". This list can be found on the United States Treasury's web site - <http://www.treas.gov/ofac>. In accordance with OFAC regulations, if it is determined that the insured or any person or entity claiming the benefits of this insurance has been identified as a SDN or if a prohibited country as identified by OFAC is involved, then the provisions of the insurance plan will be immediately subject to OFAC administration. Accordingly, certain limitations on premium payments and/or claim payments may apply.

**HCC**

HCC Medical Insurance Services

Primary Insured:

ABHINAV 5516971994 SINGHAL

Effective Date: September 26, 2015

ID # A91337251

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

Filing a Claim

- Obtain a Claimant's Statement & authorization form by visiting hccmis.com or by calling 800-605-2282 or 317-262-2132
- Complete the claim form; attach original, itemized bills; and forward to HCC Medical Insurance Services. Be sure to fully complete your Claimant's Statement and sign it.
- If you have already paid certain expenses, attach copies of payment receipts. In many cases, payment will be made directly to the hospital/physician that treated you. Remember, you are responsible for the deductible, coinsurance and any ineligible charges.

Pre-Notification

You are required to notify HCCMIS of all hospitalizations, surgeries, emergency evacuations, emergency reunions, trip interruptions, repatriation of remains, computerized tomography (CAT scan) and magnetic resonance imaging (MRI). Failure to comply may result in a deduction of benefits.

For pre-notification or general questions regarding eligibility / benefits / claims please call

800-605-2282 or 317-262-2132

*Access worldwide toll-free numbers online at <http://hccmis.com/tollfree>

Mail your claim form and itemized bills including diagnosis to:

HCCMIS Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
United States

Electronic Payer ID: HCCMI



Payment Receipt

For Certificate: A91337251
Paid By: Abhinav singhal
Payment Type: VISA
Number: xxxxxxxxxxxx3604
Amount: \$8.25
Date Paid: 08/18/2015

Credit Card Payments Only

Expiration Date: 11/2016
Trans. Code: 1040945510
Auth. Code: 00953C

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Indianapolis, IN 46204
