

# DECLARATION OF MEDICAL INSURANCE

<b>Certificate Number:</b>		<b>Certificate Type:</b>	
<b>Product Type:</b>	Patriot International®	<b>Premium:</b>	86.25 USD
<b>Effective Date:</b>		<b>Citizenship Return Rider:</b>	No
<b>Expiration Date:</b>	-- -- -- -- --	<b>Adventure Sports:</b>	No
<b>Deductible:</b>	0.00 USD	<b>Evacuation Plus Rider:</b>	No
<b>Maximum Limit:</b>	50,000.00 USD		
<b>Supplemental Accidental Death:</b>	0.00 USD		

These amendments shall at all times be subject to the full terms conditions, definitions and exclusions contained in the certificate.

<b>Insured Person(s)</b>	<b>Insured ID</b>	<b>Date of Birth</b>	
YLAGAN, MARY CHARIE		21-Jun-1992	<a href="#">ID Card</a>

**Mailing Address:**

**Phone:** -- -- -- -- --

**Administered By:** INTERNATIONAL MEDICAL GROUP, INC. as agent for the Insurer

**Insurer:** Sirius International Insurance Corporation (publ)

In witness whereof this certificate has been signed, as authorized by the insurer, by



**AUTHORIZED SIGNATURE**

Please review this information for accuracy. If you find any discrepancies, please contact International Medical Group as soon as possible. Please reference your certificate number noted below when contacting IMG at [info@imglobal.com](mailto:info@imglobal.com).

## FULFILLMENT DOCUMENTS AVAILABLE FOR DOWNLOAD:

Click on any of the documents below to open it in a new browser window.

[Cover Letter, Certificate Wording, & Universal URX Discount Card \(if applicable\)](#)

[Visa Letter](#)

[Privacy Policy](#)

[Precertification Brochure](#)

[Claim Filing Instructions and Claim Form](#)

[ID Card](#)