

UMEK, CIRO

MITRE 2328, SALADILLO, BUENOS AIRES  
Argentina

**12-May-2023**

Dear **CIRO UMEK**:

Your request for Medical Insurance coverage has been processed. Below you will find your identification card which reflects your dates of coverage: **03-Aug-2023** through **03-Aug-2024**, and your Participant ID: **2933148** under the protection plan policy number: **23 N0106096A NON U.S.**. Enclosed you will find a Plan of Insurance, which outlines the benefits **Cultural Insurance Services International** will provide to you.

Your identification card should be kept on you at all times in case of an emergency; if a new card is needed please contact CISI directly and a new one can be sent. Should you require medical attention please be sure to present your identification card to the medical provider. This will ensure that the claim will be sent to us and will enable us to properly identify you as a covered participant under this insurance.



Please don't hesitate to contact me directly. I am happy to answer any questions or concerns you may have.

Respectfully,



Ted Cenatiempo  
Plan Administrator  
TCenatiempo@culturalinsurance.com

**This plan is not valid in the United States of America**

	
<b>Insurance Identification Card</b>	
Carry your ID at all times. Always present it to your medical service provider. Medical providers can call (855) 327-1411 in the USA or call collect +001 (312) 935-1703 outside the USA for verification. Your participant ID is: <b>2933148</b>	
Participant Name:	<b>UMEK, CIRO</b>
Coverage Dates:	<b>03-Aug-2023</b> through: <b>03-Aug-2024</b>
Policy:	<b>23 N0106096A NON U.S. PLAN B</b>

**KEEP THIS CARD WITH YOU AT ALL TIMES**

It is proof of identification as an insured under this plan. If you lose it or have questions about your insurance coverage, contact your sponsor or call CISI at 1-800-303-8120.

Present this card and another form of identification to the hospital or doctor. Complete the claim form, sign and mail to CISI with originals of all medical bills.

Submit claims to: CISI, 1 High Ridge Park, Stamford, CT 06905

Should an emergency situation arise, I authorize any medical provider to release information regarding my condition to CISI or their insurance provider/emergency assistance services and I understand they may contact my next of kin or my nominated emergency contact without my prior consent.



To access a listing of preferred providers in the U.S., please visit our website:  
[www.culturalinsurance.com](http://www.culturalinsurance.com)