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| |  |  | | --- | --- | | |  | | --- | | Hello Mikhail,  Thanks for choosing IMG!  Please review your purchase information and important plan documents below. | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | |  | Purchase Information | | | |  |  | | **Certificate Number** | TCSE285350055 | | **Plan Name** | iTravelInsured Travel | | **Number of Insureds** | 2 | | **Total Trip Cost** | $2.00 | | **Total Plan Cost** | $167.76 | | **Effective Date \*** | March 27, 2025 | | **Departure Date** | March 31, 2025 | | **Scheduled Return Date** | April 9, 2025 | | \* Your Effective Date is when your trip cancellation benefits begin. The rest of your coverage begins once you depart for your trip. | | | | |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | |  | Contact Information | | | |  |  | | **Company Name** | International Medical Group | | **Phone** | [+1 (866) 347-6673 U.S. & Canada](tel:1-866-347-6673)  [+1 (317) 655-9796 Worldwide](tel:1-317-655-9796) | | **Email** | [itravelpolicies@imglobal.com](mailto:itravelpolicies@imglobal.com) | | |
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