



DECLARATION OF MEDICAL INSURANCE

Certificate Number:	PATAI83662773	Certificate Type:	0522
Product Type:	Patriot America Lite®	Premium:	28.20 USD
Effective Date:	04-May-2023	Adventure Sports:	No
Expiration Date:	10-May-2023 12:01 AM EST	Device Protection:	No
Deductible:	250.00 USD		
Maximum Limit:	50,000.00 USD		
Supplemental Accidental Death:	0.00 USD		

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

Insured Person(s)	Insured ID	Date of Birth	
DINIS, ANTONIO	88954677	07-Oct-1967	ID Card
DINIS, LARA	88954678	17-Feb-2005	ID Card

Residence Address: Kapittellaan 5 Box 2 - Meise - - 1860 - BELGIUM
Phone: 0032499830

Administered By: INTERNATIONAL MEDICAL GROUP, INC. as agent for the Insurer
Insurer: SiriusPoint Specialty Insurance Corporation

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 above when contacting IMG at 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](#)

[Claim Filing Instructions and Claim Form](#)

[ID Card](#)

Other Important Links:

[Online Provider Network](#)

[Pre-certification](#)

[Forms Library](#)

Your Producer Contact Information:

InsureMyTrip.com - 51644
InsureMyTrip.com
100 Commerce Drive
Warwick, RI 02886
United States of America
Phone: 800-487-4722
Fax: 401-921-4530
customercare@insuremytrip.com
insuremytrip.com

International Medical Group

2960 North Meridian Street
Indianapolis, IN 46208-4715 United States of America
Telephone: 1.317.655.4500
Fax: 1.317.655.4505
Email: insurance@imglobal.com
Website: www.imglobal.com