

# DECLARATION OF MEDICAL INSURANCE

**Certificate Type:** 

**Adventure Sports:** 

Premium:

Certificate Number: SHAPA82540224

Product Type: Student Health Advantage Platinum

Effective Date: 04-Jan-2021

**Expiration Date:** 04-Jan-2022 12:01 AM EST

 Deductible:
 25.00 USD

 Maximum Limit:
 1,000,000.00 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 IDDate of BirthAdventure SportsGURNANI, ANIRUDH8571416905-Jan-1990ID CardYes

**Residence Address:** 582 summit ave Apt 2 - Jersey City - - 07306 - INDIA

**Phone:** 8572076470

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

Insurer: Sirius Specialty Insurance Corporation
In witness whereof this certificate has been signed, as authorized by the insurer, by

AUTHORIZED ŠIGNATURE

0619

Yes

221.49 USD

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.

### 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:**

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Indianapolis, IN 46208 United States of America

Phone: 1.866.368.3724 1.317.655.9799

Fax: 317-655-4505 insurance@imglobal.com www.imglobal.com

### **International Medical Group**

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