



DECLARATION OF MEDICAL INSURANCE

| | | | |
|----------------------------|-----------------------------------|--------------------------|------------|
| Certificate Number: | SHAPA82540224 | Certificate Type: | 0619 |
| Product Type: | Student Health Advantage Platinum | Premium: | 989.00 USD |
| Effective Date: | 04-Jan-2021 | Adventure Sports: | Yes |
| 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 ID | Date of Birth | Adventure Sports |
|--------------------------|-------------------|----------------------|-------------------------|
| GURNANI, ANIRUDH | 85714169 | 05-Jan-1990 | Yes |

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 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.

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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