

EXAMPLE

Medical ID #:	00000000
Plan:	Study Abroad
Dependent Spouse:	No
Dependent Child:	No
Invited Guest:	No
Optional AD & D:	No
Personal Property:	No

RE: Policy Number **XXX00000**
Issued By: National Union Fire Insurance Company of Pittsburg
Claims Paid By: Chartis

This shall confirm your enrollment in the Wells Fargo Insurance Services USA, Inc. Study Abroad Health Insurance program with coverage from **program dates**, while you are studying in **host country** and visiting other countries outside of the United States during your studies. Your maximum lifetime benefit per injury or sickness is **\$250,000.00** with a **\$0.00** deductible per accident or sickness, per Insured person.

The Sponsor ID Number, on the attached card(s), is valid for you and all persons you have elected to insure, as indicated above. Coverage does **not** automatically renew and benefits are only available for the dates stated above. Coverage beyond these dates will require submission of a new enrollment form and premium.

Enclosed is an ID Card, a claim form, and a brochure with information regarding both your Travel Medical Plan and travel assistance services. We strongly recommend that you keep a copy of the Global Travel brochure, which provides a description of benefits, and this letter as you will not receive a certificate of insurance. Instructions on how to file a claim are printed on the back of the claim form.

Please also read the brochure for a description of your travel assistance coverage. In the event that you require this service, you must first contact the travel assistance service company at the phone number listed on your ID Card. All assistance services must be arranged and provided by the travel assistance company. Claims of reimbursement of assistance services will not be accepted.

Carry your ID card with you at all times, and leave a copy of the brochure with your designated emergency contact person in your home country. If applicable, please provide a copy of this letter and the enclosed materials to each individual you have insured under your plan.

If you have any questions regarding your coverage, please contact our office at 1-800-853-5899.



John Breckenridge
Senior Vice President