

## **P@SIANOASSIST** CONFIRMATION OF COVERAGE

**Type of Plan:**

**Primary Covered:**

**Number of dependents:**

**Main contact in Mexico:**

**Primary Residence:**

**Address in Mexico:**

**Additionally Covered Dependents:**

**Member ID:**

**Purchase Date:**

**Coverage Begin Date:**

**Summary of Charges:**

Premium:

Plan Fee:

**Total Plan Cost:**



The repatriation benefit pays the cost of preparing the body of an insured who dies in a foreign country and returning the body to their home country. This benefit is generally included in the Medical Evacuation benefit of most international medical insurance and travel protection plans.

<b>P@SIANOASSIST</b>		<b>Repatriation When The Unexpected Happens.</b>	
Member ID: Name: Effective Date:                      Dependent(s): Type of Plan:			
<div><div>(XXX) XXX-XXXX (Toll Free)</div><div>(XXX) XXX-XXX (International)</div><div>Press "2" at the prompt for assistance services.</div><div>Non-Emergency General Information</div><div>DOMAIN.com</div><div>DOMAIN.com</div><div>contact@DOMAIN.com</div></div>			

<b>P@SIANOASSIST</b>		<b>Repatriación Cuando Ocurra lo Inesperado.</b>	
ID de Miembro: Nombre: Fecha de efectividad:                      Dependientes: Tipo de Plan:			
<div><div>(XXX) XXX-XXXX (Línea gratuita)</div><div>(XXX) XXX-XXX (Internacional)</div><div>Presione "2" cuando se le solicite asistencia a los servicios.</div><div>Información general que no es de emergencia</div><div>DOMAIN.com</div><div>DOMAIN.com</div><div>contact@DOMAIN.com</div></div>			