Thank You For Your Purchase!

Your Purchase Is Complete!

Please keep your Virtual ID Card™ with you at all times during your travels
Be sure to view the following: Virtual ID Card™ | Official Program Summary

Receipt of Purchase

Purchase Date: 03/13/2013
Credit Card: XXXXXXXXXXXX7481
Amount: $53.46
Address:
Rodney Larson
Maasin City, Southern Leyte 6600 Philippines
rodlarson100@yahoo.com

Included with your purchase are a wallet ID card and your complete Virtual ID Card. We recommend that you keep both with you at all times during your travels. Should you have any questions about your membership or the services provided, please feel free to call us at 800-335-0611, Monday through Friday between 8am to 5pm EST or, email us at info@sevencorners.com.

Thank you for allowing us to be of service to you!
GoHealthPlan Insurance Solutions & Seven Corners, Inc.

Wallet ID Card

Seven Corners, Inc.
Travel Insurance Benefits

Liaison International
Primary Insured: Rodney Larson
Certificate #: 11VN12-62423
Group Number: FSG12-111201-01TM
Eff. Date: 03/17/2013 | **Exp. Date:** 03/25/2013

The person named on the front of this card is eligible for certain Services and Benefits as outlined in the material provided.
For EMERGENCY evacuation and medical assistance, or travel assistance ONLY, call Seven Corners Assist 24/7/365:
U.S., Canada & Caribbean: 1-800-690-6295 (Toll Free)
International: Toll Free Country Access Codes + 800-690-6295
Collect Calls: 0-317-818-2808
For claims and benefits questions (Open M-F 8am-5pm EST):
U.S., Canada & Caribbean: 1-800-335-0477 (Toll Free)
International: Toll Free Country Access Codes + 800-335-0477
Collect Calls: 0-317-575-2656
Email: info@sevencorners.com

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WellAbroad.com
User Name : RoLarson03
Password : 62423

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http://Community.SevenCorners.com

SEVEN CORNERS VIRTUAL ID CARDS™

summary of benefits

Liaison International

Certificate Number	11VN12-62423	**Group Number**	FSG12-111201-01TM
Effective Date	03/17/2013	**Expiration Date**	03/25/2013
Coverage Days	9	**Hazardous Sport Coverage**	Declined
Medical Maximum	$500,000	**Deductible**	$100
AD&D Beneficiary	Jovelisa Larson	**Beneficiary Relationship**	SPOUSE
View Coverage Letter	Click Here		

Insured Information

Name	Rodney Larson	**Date of Birth**	02/27/1944

Purchase Information

Purchase Date	03/13/2013	Address	Rodney Larson Isagani Maasin City, Southern Leyte 6600 Philippines rodlarson100@yahoo.com
Credit Card	XXXXXXXXXXXX7481		
Amount	$53.46		

Highlight Coverage Details

Emergency Medical Evacuations:	US$300,000	**Return of Mortal Remains:**	US$50,000
Emergency Reunion:	US$50,000	**Loss of Checked Luggage:**	US$250
AD&D:	US$25,000 Principal Sum for Insured or Insured Spouse, US$5,000 for Dependent Child.	**Coinsurance:**	After the deductible, program pays 100% to the chosen maximum

Questions About Your Coverage & Benefits

U.S., Canada & Caribbean:	1-800-335-0477 (Toll Free)
International: *	Toll Free Country Access Codes + 800-335-0477
Collect Calls:	0-317-575-2656 (This line is only open during business hours, 8:00-5:00 pm EST)

** Seven Corners utilizes AT&T for its toll free 800 numbers at www.usa.att.com/traveler/access_numbers/index.jsp. Virtually anywhere in the world you can dial an access code, then dial one of Seven Corner's 800 numbers and be connected to Seven Corners, Inc.*

For Immediate Assistance

Seven Corners Must Be Contacted:

- As soon as non-emergency hospitalization is recommended
- Within 48 hrs of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation, and assistance services

U.S., Canada & Caribbean: 1-800-690-6295 (Toll Free)
International: * Toll Free Country Access Codes + 800-690-6295
Collect Calls: 0-317-818-2808 (This line is monitored 24 hours a day)

Agent Information

GoHealthPlan Insurance Solutions 1901 Avenue Of The Stars Suite # 615 Los Angeles, CA 90067 United States of America	**Phone:** 310-553-8383 **Toll Free:** 800-344-6870 **Fax:** 310-421-0404	**Email:** motticohen@msn.com **Web:** www.gohealthplan.com **To Renew:** https://renewal.sevencorners.com/

Please Contact Your Agent for Further Information & Purchases

Claim Submission

Claims Must Be Faxed or Mailed To:
Seven Corners, Inc.
303 Congressional Boulevard
Carmel, IN 46032
Fax: 317-575-2256

Preferred Provider Network

To obtain a list of U.S. providers, contact Seven Corners Assist or visit **www.sevencorners.com/ppo**