

Emergency Evacuation Benefit Statement for Travelers

Traveler Information

Name: _____

Policy Number: _____

Travel Destination(s): _____

Travel Dates: _____

Benefit Coverage Overview

This statement certifies that the above traveler, under the stated policy number, is eligible for Emergency Evacuation Benefits while traveling. Coverage includes medically necessary evacuation and repatriation to the nearest suitable medical facility and/or home country, as per policy terms and conditions.

Coverage Details

Maximum Benefit Amount: _____

Covered Reasons: Medical Emergency, Natural Disaster, Political Evacuation

Assistance Hotline: _____

Important Notes

- This is a sample statement and does not serve as proof of benefit activation.
- Coverage is subject to all policy limitations and exclusions.
- For emergencies, contact the Assistance Hotline listed above.

Authorized Representative

Date