

# Medical Coverage Benefit Statement

Travel Insurance Policy

## Policyholder Details

Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiry Date \_\_\_\_\_

Destination(s) \_\_\_\_\_

## Medical Coverage Benefits

Benefit	Coverage Limit	Deductible
Emergency Medical & Hospitalization	\$ _____	\$ _____
Outpatient Medical Expenses	\$ _____	\$ _____
Medical Evacuation & Repatriation	\$ _____	\$ _____
Accidental Death & Dismemberment	\$ _____	\$ _____
Trip Interruption Due to Medical Reasons	\$ _____	\$ _____

**Note:** Please refer to the policy document for detailed terms, exclusions, and conditions.

## Emergency Contact

24/7 Emergency Assistance \_\_\_\_\_

Email \_\_\_\_\_

Policy Provider \_\_\_\_\_

This document is a sample summary only.  
For full coverage details, refer to your official policy wording.