

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.