



IMPORTANT: Take This With You On Your Trip!

This convenient, compact resource keeps you prepared when you're traveling near or far. Please pack it alongside your other essential travel documents.

In addition to your insurance coverage, your plan includes the emergency assistance and travel services described below.

Questions?

If you have any questions about your travel protection plan, please call CSA at (866) 464-6002. We're here to help!

24-Hour Assistance Services

- Medical Referral
- Traveling Companion Assistance
- Emergency Cash Transfer
- Legal Referral
- Locating Lost or Stolen Items
- Worldwide Medical Information
- Interpretation/Translation
- Replacement of Medication and Eyeglasses
- Pet Return
- Vehicle Return
- Embassy and Consular Services
- Emergency Message Relay

To access any of these 24-Hour Assistance Services listed above, simply call our designated provider:

Toll Free (in the United States): **(877) 243-4135**

Collect (International): **(240) 330-1529**

General Dialing Instructions: For assistance with dialing collect internationally, please contact the operator. The country code for the United States and Canada is 1. International dialing Instructions: Dial 011 + country code + city code + local number.

GROUP LEADER INFORMATION

Expedite Your Claims!

In the event you have a claims situation arise while traveling, documenting the information outlined below while on your trip can help expedite the claims process. This does not substitute for a claim form, but it may facilitate the process by gathering information upfront, allowing us to serve you better. (Refer to your policy for coverage details)

When visiting a medical professional:

- Physician Name
- Facility Name
- Phone
- E-mail
- Address
- Diagnosis
- Symptom Date
- Treatment Dates
- Date Disabled from Travel

For travel delays and lost/delayed baggage:

- Representative Name
- Carrier Name
- Phone
- E-mail
- Address
- Reason for Delay
- Date/Time Delay Began
- Date/Time Delay Ended
- For baggage loss note items lost
- Reference/Report Number

Notes

Personal Information:

Name: _____

Policy Number: _____