



{Date}

{Student First and Last Name}

The General Consulate of {Country}:

This letter is to verify that {Student First and Last Name}, Insurance ID# {UIN} is insured under the University of Illinois International Travel Insurance Plan for the 2016-2017 policy year. The effective dates of coverage are listed in the table below and may be subject to change.

Insured's Name	Effective Date	Termination Date

The 2016-2017 University of Illinois International Travel Insurance Plan provides worldwide coverage of eligible medical expenses and hospitalization up to a Lifetime Aggregate Maximum Benefit of \$500,000 with a \$0 deductible. This plan also provides \$250,000 in Medical Evacuation coverage, and \$100,000 in Repatriation of Remains. Worldwide travel assistance services are also included.

The policy is underwritten by ACE American Insurance Company and is serviced by Gallagher Student Health & Special Risk. All claims and benefit questions should be directed to Health Special Risk Inc., HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007. Health Special Risk can be contacted at 1-800-328-1114, or by email at [UILtravele@hsri.com](mailto:UILtravele@hsri.com).

If you have any questions, please contact HSRI.

Sincerely,

Dean A. Sandonato  
Special Products Account Executive  
Gallagher Student Health & Special Risk