



FACULTY MEMBER

12-Jul-2019

Dear FACULTY:

Your request for insurance coverage has been processed. Below you will find your identification card which reflects your dates of coverage: **15-Aug-2019** through **14-Aug-2020**, and your **Participant ID: 2397813** under the protection plan number: **19 GLM N01060934-BT**. See Attached Confirmation of Coverage for coverage specific details.

Should you require medical attention please be sure to present your identification card to the medical provider. This will ensure that the claim will be sent to us and will enable us to properly identify you as a covered participant under this insurance.

If you should have any questions, at any time, regarding your insurance please contact us at 800-303-8120. We look forward to providing the best coverage and service to you and we hope that your travel abroad experience will be both memorable and rewarding!

Sincerely,

Cultural Insurance Services International



**GROUP SPONSOR: AUBURN UNIVERSITY**

Your protected plan policy number is 19 GLM N01060934-BT  
Your participant ID is 2397813

Participant Name: MEMBER, FACULTY

Coverage Dates: 15-Aug-2019 to 14-Aug-2020

For any questions pertaining to your insurance plan including provider referrals and eligibility verification please contact CISI at 1-800-303-8120 or email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com)

You may submit claims to CISI One High Ridge Park Stamford, CT 06905

**KEEP THIS CARD WITH YOU AT ALL TIMES**

It is proof of identification as an insured under this plan. If you lose it or have questions about your insurance coverage, call CISI at 1-800-303-8120. Present this card and another form of identification to the hospital or doctor. Complete the claim form, sign and mail to CISI with originals of all medical bills.

Submit claims to: CISI, 1 High Ridge Park, Stamford CT 06905

Should an emergency arise, I authorize any medical provider to release information regarding my condition to CISI or their insurance provider/emergency assistance services, and I understand they may contact my next of kin or my nominated emergency contact without my prior consent.

**For emergencies only**

Call AXA ASSISTANCE at (855) 327-1411 (in U.S.), +001 (312) 935-1703 (call collect from outside the U.S.), Email: [MEDASSIST-USA@AXA-ASSISTANCE.US](mailto:MEDASSIST-USA@AXA-ASSISTANCE.US). Your Team Assist ID # is 19 GLM N01060934-BT.



To access a listing of preferred providers in the U.S., please visit our website:  
[www.culturalinsurance.com](http://www.culturalinsurance.com)