## A YX]W`'9 dYbgY'7`U]a ': cfa '

While on my trip, I had expenses for medically necessary treatment due to an injury or sickness.

**GhYd %á Dfcj ]XY 8cWa YbhJh]cb** (provide all) Dfcj ]XY h Y Zc``ck ]b[ fYei ]fYX XcWa Ybh**Jh**]cb. GhYd & ! Gi Va ]h 5 DU[ Yg cZ h ]g 7 U]a : cfa 7ca d YhYX WU]a Zcfa UbX XcWa YbHUh]cb Wb VY g Va ]hHYX VmY]h Yf.

Provide copies or photos of your itinerary and paid invoice.

Provide copies or photos of itemized bills or similar documentation from your healthcare providers.

## GWMb#id`cUX.

BchY'- Benefits under any coverage will not be paid for expens reimbursed or services provided by any other source. Bene

## 7`U]a : cfa : fUi X FYei ]fYa Ybhg

A UbXUhcfmá D`YUgY fYUX UbX g][ b VY`ck "