



## DECLARATION OF MEDICAL INSURANCE

<b>Certificate Number:</b>	VIC0086434095	<b>Certificate Type:</b>	0525B
<b>Product Type:</b>	Visitors Care Plus 0525B	<b>Premium:</b>	29.60 USD
<b>Effective Date:</b>	14-Apr-2026		
<b>Expiration Date:</b>	22-Apr-2026 12:01 AM EST		
<b>Deductible:</b>	50.00 USD		
<b>Maximum Limit:</b>	50,000.00 USD		

These amendments shall at all times be subject to the full terms, conditions, definitions, and exclusions contained in the certificate.

<b>Insured Person(s)</b>	<b>Insured ID</b>	<b>Date of Birth</b>	
GIRARD, CLAUDETTE MARIE	92952812	23-Jan-1954	<a href="#">ID Card</a>

**Residence Address:** 170 Kent st, Unit 516 - London - ON - N6A 1L4 - CANADA  
**Phone:** 5197099208

**Administered By:** INTERNATIONAL MEDICAL GROUP, INC. as agent for the Insurer  
**Insurer:** SiriusPoint Specialty Insurance Corporation

In witness whereof this certificate has been signed, as authorized by the insurer, by

  
\_\_\_\_\_  
AUTHORIZED SIGNATURE

Please review this information for accuracy. If you find any discrepancies, please contact International Medical Group as soon as possible. Please reference your certificate number noted above when contacting IMG at [info@imglobal.com](mailto:info@imglobal.com).

### FULFILLMENT DOCUMENTS AVAILABLE FOR DOWNLOAD:

Click on any of the documents below to open it in a new browser window.

[Cover Letter, Certificate Wording, & Universal URX Discount Card \(if applicable\)](#)  
[Privacy Policy](#)

[Claim Filing Instructions and Claim Form](#)  
[ID Card](#)

### Other Important Links:

[Online Provider Network](#)  
[Pre-certification](#)  
[Forms Library](#)

### Your Producer Contact Information:

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