

海外旅行総合保険 インシュアランスカード (加入者証) OVERSEAS TRAVEL ACCIDENT INSURANCE CERTIFICATE CARD

CERTIFICATE	加入者証番号	8490765717-001-00058
POLICY HOLDER'S NAME	契約者名	Hitachi Transport Sy
POLICY HOLDER'S ADDRESS	契約者住所	東京都中央区京橋2-9-2 日立物流ビル
POLICY HOLDER'S PHONE NO.	契約者電話番号	03-3647-0116
INSURED'S NAME	被保険者名	AKASHI ITSUKI
OCCUPATION/SEX/AGE	職業・職務/性別/年齢	カゾク/F/2
NUMBER OF INSURED	被保険者数	1
BENEFICIARY'S NAME	死亡保険金受取人氏名	法定相続人
BENEFICIARY'S ADDRESS	死亡保険金受取人住所	
TYPE OF CONTRACT	ご契約タイプ	H02
DESTINATION/PURPOSE	目的地/旅行目的	北米/その他
DATE OF CONT	申込日	2018.03.27
PERIOD OF INSURANCE	ご契約期間 (保険期間)	2018.04.01 - 2020.03.31 (2Y)
PREMIUM	保険料	*208,090円 (YEN)

COVERAGE AND AMOUNT PER PERSON 1人あたりご契約金額 (保険金額) (UNIT:YEN 単位:円)

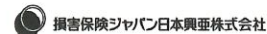
INJURY DEATH	傷害死亡	*¥5,000,000*
INJURY R. D.	傷害後遺障害	*¥5,000,000*
MED&RESCURE'S EXP	治療救援費用	*¥4,000,000*

特約等 一時帰国中補償

特記事項

ご契約タイプやご契約金額 (保険金額) を訂正したものは無効です。 TO ALL CLAIM AGENTS: This contract shall be invalid when any amendments or alterations are made to this certificate.

OFFICE/AGENT 営業店/代理店 SK-030 / J4868-058 (株式会社 日立オートサービス)
 DATE OF ISSUE 発行日時 2018.03.27 20:40 Sompo Japan Nipponkoa Insurance Inc.



AMERITAS DENTAL NETWORK

Networks: Classic Ameritas Group Dental Claims
 P.O. Box 82520
 Lincoln, NE 68501-2520



VANTEC HITACHI TRANSPORT SYSTEM (USA),
 Plan # 10-301684-1 Dependent Coverage Yes
 Certificate # 761
 DAI AKASHI

For benefit or services information or to express concerns about our services, call Ameritas at 800-487-5553 or visit us online at ameritas.com

*select the dentist of your choice
 visit a network provider to help reduce out-of-pocket expenses*

- visit us online at ameritas.com for a current list of network providers, also find claim forms, benefit and claim status information, plus much more
- claim forms also may be obtained from your planholder, and we will also accept your provider's claim form or super bill
- present this card at your appointment
- you or your provider may mail the completed claim form to Group Claims, P.O. Box 82520, Lincoln, NE 68501-2520; fax it to 402-467-7336. For electronic submittal, please use Payor #47009.
- if visiting a network provider, your benefits will be paid directly to that provider