



# WorldTrips

## WorldTrips

4 Carter Green, Suite 400, Carmel, IN 46032 USA  
Tel: 317-262-2132 Fax: 317-262-2140 Toll Free: 800-605-2282  
<https://www.worldtrips.com>

Luiz Villarinho  
427 N Tatnall St # 67768  
Wilmington, DE 19801  
United States

YOUR SALES CONTACT:  
Motti Cohen (23021)  
<http://www.gohealthplan.com>  
310-553-8383  
[motticohen@msn.com](mailto:motticohen@msn.com)

## The Atlas Series

### THANK YOU!

Thank you for purchasing a The Atlas Series travel medical insurance plan. Please read the Description of Coverage for a full explanation of your benefits and exclusions using the link at the bottom of the following page.

#### In this fulfillment:

Link to the Description of Coverage • [YourCoverageDetails](#) • Instructional Information • ID Card(s) • YourReceipt • Visa Letter

### IMPORTANT

This insurance coverage, offered by WorldTrips, is not subject to and **does not meet the minimum standards** required by the Affordable Care Act (PPACA). The policy contains the plan benefits you have selected, including a lifetime maximum. Please review your choices to ensure you have sufficient coverage to meet your medical needs.



#### Getting Medical Treatment:

- Show your ID card to the medical attendant
- Pay the deductible or copay (if applicable)
- The medical office may submit bills directly
- After the visit, you will need to submit a Claimant's Statement and Authorization form



#### Filing a Medical Claim:

- Submit original, itemized bills, and any payment receipts, and claim form
  - Claims must be filed within 60 days of the termination date of your policy.
- [https://www.worldtrips.com/downloads/hccmis\\_claimants\\_statement.pdf](https://www.worldtrips.com/downloads/hccmis_claimants_statement.pdf)



#### Client Zone:

<https://zone.worldtrips.com/clientzone>

- Print a Visa Letter
- Reprint an ID Card
- Update your info



#### Contact Us:

- **Phone:** 1-800-605-2282 (within the U.S.)  
1-317-262-2132 (outside the U.S.)  
Collect calls accepted
- **Email:** [service@worldtrips.com](mailto:service@worldtrips.com)



#### Notable Exclusions:

- Coverage for pre-existing conditions is excluded from coverage
- Coverage for acute onset of a pre-existing condition is excluded when the pre-existing condition is a congenital or chronic condition
- Expenses related to cancer of any form are excluded
- Read the Description of Coverage for a full list of policy exclusions



#### Cancellation

- Cancellations will receive a prorated refund on future unused days where no claims on file
- Cancellations prior to an individuals effective date may be eligible for a full refund

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## Atlas Group® Travel

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**Sponsoring Organization and Contact Person:**

IE Sports - Highnet Group  
Luiz Villarinho

**Group Contact Mailing Address:**

427 N Tatnall St # 67768  
Wilmington, DE 19801  
United States

See Attachment A for Member names, ID numbers, and individual costs.

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**First Effective Date**

January 22, 2023

**Termination Date**

May vary, see Attachment A

**Length of Coverage**

May vary, see Attachment A

Actual effective date and period may vary based on the provisions of this coverage.

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**Coverage**

Atlas America

**Overall Maximum Limit**

\$100,000.00

**Maximum per Injury/Illness**

\$100,000.00

**Deductible**

\$0.00

**Online Fulfillment**

Yes

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**Purchase Date**

January 05, 2023

**Paid By**

VISA

**Total Paid**

\$469.42

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**Plan Administrator**

**WorldTrips**  
**4 Carter Green, Suite 400**  
**Carmel, IN 46032**

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This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact WorldTrips.

A summary of the coverage available under this plan is available at:

<https://www.worldtrips.com/docs/1501150421.pdf>

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## Attachment A

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
Freitas, Terezinha	500007910	Jan 22, 2023	Feb 04, 2023
Ferreira, Luma	500007911	Jan 22, 2023	Feb 04, 2023
Sepulvida, Mariana	500007912	Jan 22, 2023	Feb 04, 2023
Sepulvida, Ana Beatriz	500007913	Jan 22, 2023	Feb 04, 2023
Ramos, Let?cia	500007914	Jan 22, 2023	Feb 04, 2023
Guimar?es, Clara	500007915	Jan 22, 2023	Feb 04, 2023
Ammon, Katarina	500007916	Jan 22, 2023	Feb 04, 2023
Barros, Isabella	500007917	Jan 22, 2023	Feb 04, 2023
Jardini, Sofia	500007918	Jan 22, 2023	Feb 04, 2023
Nasseh, Luana	500007919	Jan 22, 2023	Feb 04, 2023
Losada, Amanda	500007920	Jan 22, 2023	Feb 04, 2023

## **POLICYHOLDER/CERTIFICATE HOLDER NOTICE**

**U.S TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

It is important to note that no coverage is provided by this Policyholder/Certificate Holder Notice nor can it be construed to replace any provisions of your plan. For complete information on provided coverage, consult the plan itself and the Declaration page. This Policyholder/Certificate Holder Notice is solely for providing information concerning the possible impact on your insurance coverage due to directives issued by OFAC, and it is necessary that this notice be read carefully. OFAC administers and enforces sanctions policy based on national emergency declarations made by the President and has identified numerous countries, foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons ("SDN")". This list can be found on the United States Treasury's web site - <http://www.treas.gov/ofac>. In accordance with OFAC regulations, if it is determined that the insured or any person or entity claiming the benefits of this insurance has been identified as a SDN or if a prohibited country as identified by OFAC is involved, then the provisions of the insurance plan will be immediately subject to OFAC administration. Accordingly, certain limitations on premium payments and/or claim payments may apply.



**Member**

Member Name (Surname, Given Name):  
Freitas, Terezinha

WorldTrips Certificate #:  
500007910

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007910  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007910**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007910**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

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**Member**

Member Name (Surname, Given Name):  
Ferreira, Luma

WorldTrips Certificate #:  
500007911

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007911  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007911**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007911**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Sepulveda, Mariana

WorldTrips Certificate #:  
500007912

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007912  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007912**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007912**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Sepulveda, Ana Beatriz

WorldTrips Certificate #:  
500007913

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007913  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007913**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007913**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Ramos, Let?cia

WorldTrips Certificate #:  
500007914

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007914  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007914**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007914**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Guimar?es, Clara

WorldTrips Certificate #:  
500007915

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007915  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007915**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007915**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Ammon, Katarina

WorldTrips Certificate #:  
500007916

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007916  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007916**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007916**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Barros, Isabella

WorldTrips Certificate #:  
500007917

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007917  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007917**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007917**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Jardini, Sofia

WorldTrips Certificate #:  
500007918

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007918  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007918**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007918**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Nasseh, Luana

WorldTrips Certificate #:  
500007919

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007919  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007919**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007919**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
Losada, Amanda

WorldTrips Certificate #:  
500007920

Effective Date:  
January 22, 2023

**Insurance**

Payer ID:  
USN01  
Health Plan (80840):  
911-87601-04  
Group Name:  
WorldTrips  
UnitedHealthcare Group Number  
76-570032  
UnitedHealthcare Member ID  
603500007920  
Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603500007920**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **500007920**  
• Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whvuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Discount Pharmacy & Medical Savings Card**  
ALSO DENTAL & IMAGING DISCOUNTS & MORE!



# Save Money with your **FREE** Prescription Discount Card

## Includes most prescription drugs

Your nationally recognized VantageAmerica Solutions Discount Pharmacy Card provides discounts on most FDA approved prescription drugs. There are no limited drug lists, no waiting periods and your card is active the moment you present it to the pharmacy.

## Significant Savings

Savings average from 5%-15% off the cash price for brand drugs and average 15%-40% off the price of generic drugs. In the event a pharmacy's price is lower than our discounted price, you will always receive the lowest price available.

## Use at almost any Pharmacy

Your VantageAmerica Solutions Discount Pharmacy Card is widely accepted at over 54,000 participating pharmacies across the United States, including most national and regional chains, pharmacy associations, and many local community pharmacies. If your community pharmacy is not enrolled, ask them to contact member services at 1-800-974-3454. We always welcome new participation.

## Everyone can Save

This program applies to your entire family. Everyone deserves to save. All family members and friends are eligible for this program. Please present your card every time you need to fill a prescription to receive instant savings. There are absolutely no restrictions.

**Pharmacy discounts are NOT insurance and are NOT intended as a substitute for insurance. The discount is only available at participating pharmacies.**

For your convenience, we have already activated your card and your savings will begin immediately. Please detach card below and present to your local pharmacy.

ADHV8-12-04

R3/2019



Member ID: HCCMIS4575

Group ID: HCCMIS4110

BIN: 610210

RXPCN: PRX

Valid for entire family

**Pharmacist Help Desk: 1-800-481-0605**

Void where Prohibited by Law Process all transactions electronically

**THIS IS NOT INSURANCE... DISCOUNT ONLY**

ADHV9-12-04

R3/2019

## Easy to Use!

Just present your card at a participating provider and reference the network name found on the back of the card when using the services or making your appointment. You will also realize immediate savings of 25%-80% on MRI and CT scans and 5% to 30% on Diabetic Supplies. Additionally, you can save 10% to 35% on dental care expenses at participating UNI-CARE providers and 15% on Hearing Equipment. Simply call the numbers on your card or visit the websites always referring to the group/promo code provided. Or, if you have questions or need assistance of any kind, call the Member Service Center at 1-800-975-3322 between the hours of 8:00am and 5:00 pm (CST). One of our representatives will be happy to help you get the most from your complimentary VantageAmerica Solutions Discount Pharmacy Card. Present your membership card before getting treatment to assure the proper discount is applied.

**Card NOT Valid in AK, MA, MN, MT, VT, and Canada.  
Dental NOT available in WA.**

### Disclosures:

- The discount medical card program is NOT health insurance.
- The plan provides discounts at certain health care providers for medical services.
- The plan does not make payments directly to the providers of medical services.
- The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received.
- The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical plan organization.

*Managed and Administered by:*



VantageAmerica Solutions, Inc.  
1275 Milwaukee Avenue  
Glenview, IL 60025

[www.vantageamericasolutions.com](http://www.vantageamericasolutions.com)

***This discount plan is not a qualified health plan under the Affordable Care Act.***

**To find a provider, refer below.**

<https://paramountrx.com/client/tools2>  
**Pharmacy**  
1-800-974-3454

Group Code: GALAXY  
**Imaging**  
1-877-814-2461

[www.Beltone.com](http://www.Beltone.com)  
Reference # MC 50210  
**Hearing**  
1-800-235-8663

<http://findbestbenefits.com>  
Group 304106  
**Dental**  
1-800-308-0374  
\*\*Dental NOT available in WA.

<http://www.adwdiabetes.com>  
Group COV10  
**Diabetic Supply**  
1-800-210-9222

PAYMENT MUST BE MADE AT SCHEDULING OR TIME OF SERVICE

**THIS IS NOT INSURANCE!**



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**Payment Receipt**

For Certificate: 500007910

Paid By: Luiz Villarinho

Payment Type: VISA

*Credit Card Payments Only*

*Expiration Date: 07/2023*

*Trans.Code: 8428307037*

*Auth. Code: 08358D*

**WorldTrips**  
**4 Carter Green, Suite 400**  
**Carmel, IN 46032**

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## **Data Protection Notice for Citizens and Residents of the European Union and for Visitors Traveling to the European Union.**

WorldTrips respects your right to privacy. In our Privacy Policy (available at <https://www.worldtrips.com/about-worldtrips/privacy-policy/>) we explain who we are, how we collect, share and use personal information about you, and how you can exercise your privacy rights. If you have any questions or concerns about our use of your personal information, then please contact [DPO@tmhcc.com](mailto:DPO@tmhcc.com).

We may collect your personal information such as name, email address, postal address, telephone number, gender and date of birth. We may also collect your sensitive personal information such as data relating to your physical or mental health or condition. We need the personal or sensitive personal information to enter into and perform a contract with you. We retain personal information and sensitive personal information we collect from you where we have an ongoing legitimate business need to do so.

We may disclose your personal or sensitive personal information to:

- our **group companies**.
- **third party services providers and partners** who provide data processing services to us or who otherwise process personal information for purposes that are described in our Privacy Policy or notified to you when we collect your personal information;
- any **competent law enforcement body, regulatory, government agency, court or other third party** where we believe disclosure is necessary (i) as a matter of applicable law or regulation, (ii) to exercise, establish or defend our legal rights, or (iii) to protect your interests or those of any other person;
- a **potential buyer** (and its agents and advisers) in connection with any proposed purchase, merger or acquisition of any part of our business, provided that we inform the buyer it must use your personal information only for the purposes disclosed in our Privacy Policy; or
- any **other person with your consent** to the disclosure.

Your personal and sensitive personal information may be transferred to, and processed in, countries other than the country in which you are resident. These countries may have data protection laws that are different to the laws of your country. We transfer data within the Tokio Marine group of companies by virtue of our Intra Group Data Transfer Agreement, which includes the EU Standard Contractual Clauses.

We use appropriate technical and organisational measures to protect the personal information that we collect and process about you. The measures we use are designed to provide a level of security appropriate to the risk of processing your personal information.

You are entitled to know what data is held on you and to make what is referred to as a **Data Subject Access Request ('DSAR')**. You are also entitled to request that your data be **corrected** in order that we hold accurate records. In certain circumstances, you have other data protection rights such as that of **requesting deletion, objecting to processing, restricting processing** and in some cases **requesting portability**. Further information on your rights is included in our Privacy Policy.

You can **opt-out of marketing communications** we send you at any time. You can exercise this right by clicking on the "unsubscribe" or "opt-out" link in the marketing e-mails we send you. Similarly, if we have collected and processed your personal or sensitive personal information with your consent, then you can **withdraw your consent** at any time.

Withdrawing your consent will not affect the lawfulness of any processing we conducted prior to your withdrawal, nor will it affect processing of your personal information conducted in reliance on lawful processing grounds other than consent. You have the **right to complain to a data protection authority** about our collection and use of your personal information.