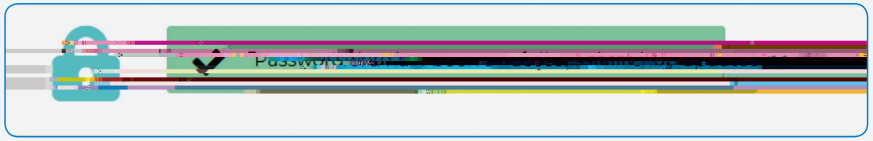
CHANGE

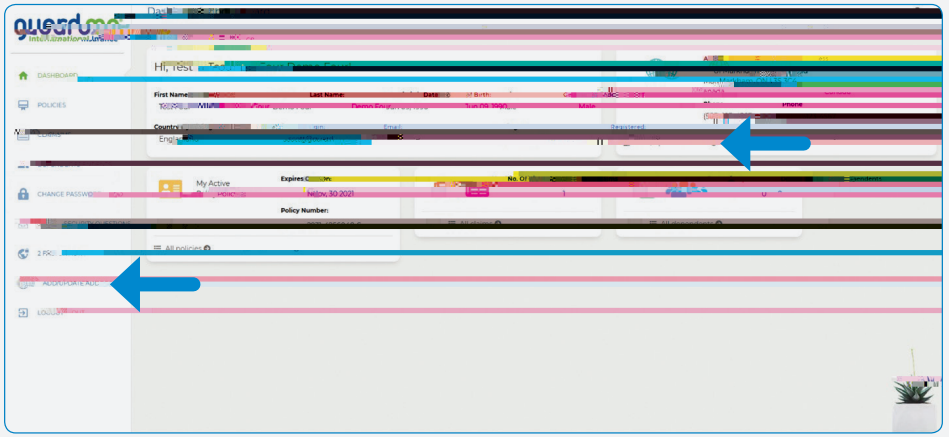
will receive con f rmation.



https://www.guard.me/login.php

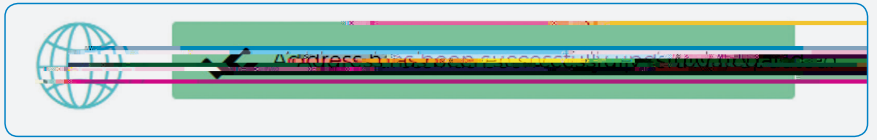
Note:

ADD/UPDATE ADDRESS

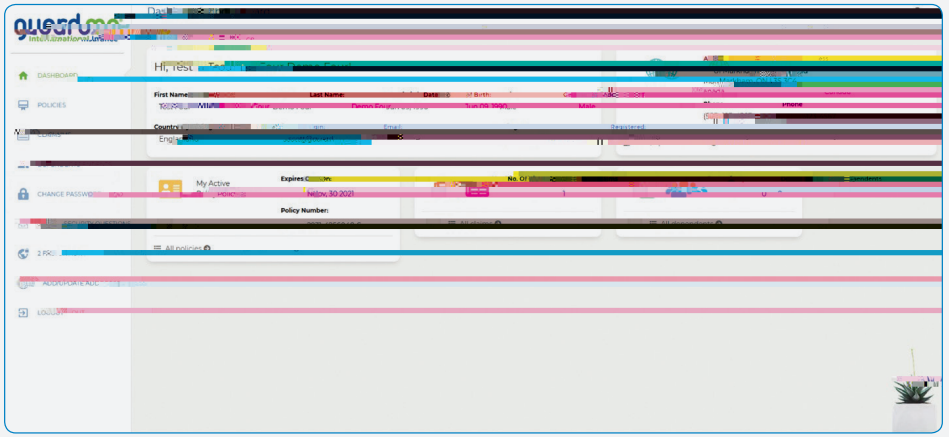


CHANGE

Note: *



CLAIMS


DASHBOARD
POLICIES
CHANGE PASSWORD
LOGOUT
Hi, Test
First Name:
Last Name:
Policy Number:

*

Claims
International Insurance
DASHBOARD
POLICIES
CLAIMS
DEPENDENTS
CHANGE PASSWORD
SECURITY QUESTIONS
ADD/UPDATE ADDRESS
LOGOUT
CLAIM ID
CLAIMED
PAID
SERVICE
RECEIVED
706799
$600.00
Previous
1
Next
Wire Transfer: Funds wil
Direct Deposit: Funds will be available in your account between two and three business days from the â€œDate Paidâ€.
Prepaid Debit Card: Funds on previously
This

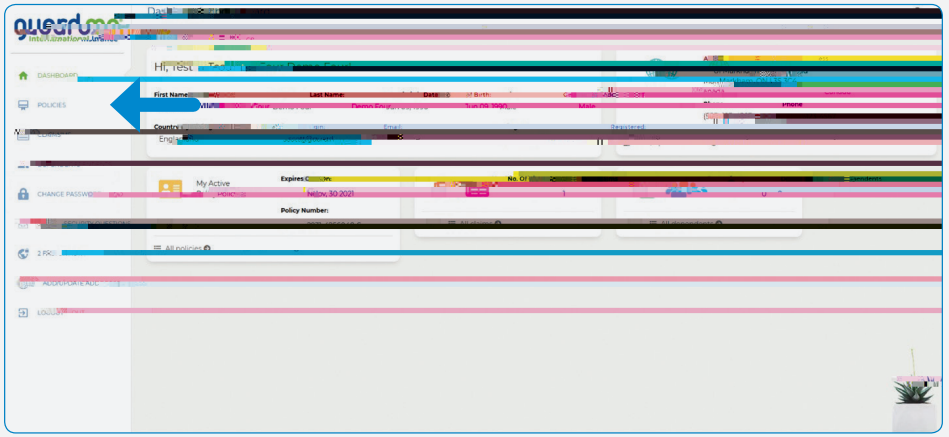
HEALTH CARD

Policies
DASHBOARD
POLICIES
CLAIMS
DEPENDENTS
CHANGE PASSWORD
SECURITY QUESTIONS
2 FACTOR AUTH
Submit a Claim
Submit a Claim
Expired
Jan 01 2020
Dec 31 2020
Policy W
Summary:
Select

https://www.guard.me/login.php

Note:

POLICIES



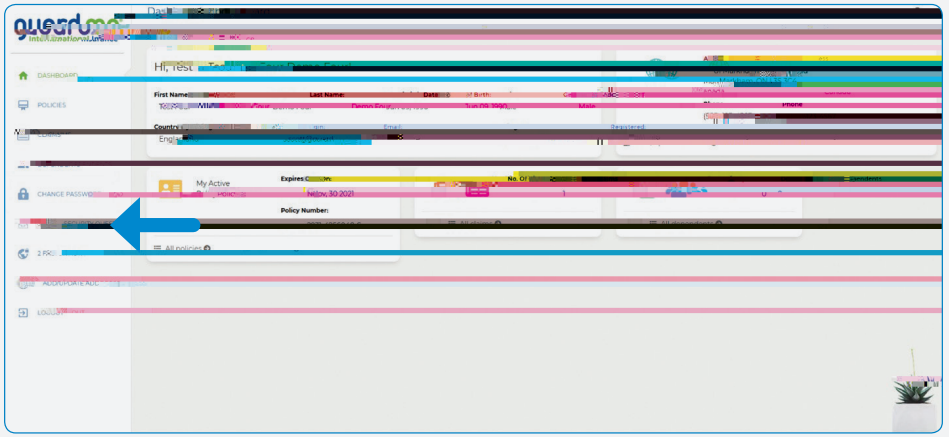
DOCUMENTS

POLICY NUMBER
STATUS
HEALTH CARD
VISA
DOCUMENT
CHANGE PASSWORD
2 FACTOR AUTH

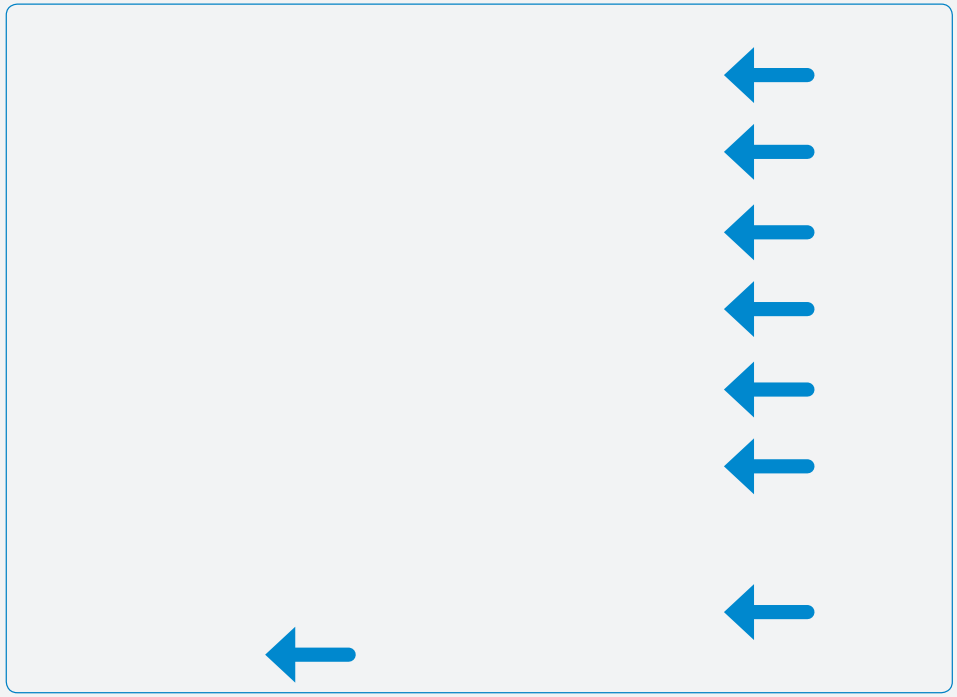
https://www.guard.me/login.php

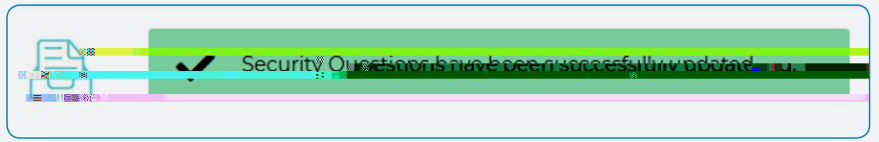
Note:

SECURITY QUESTIONS



CHANGE

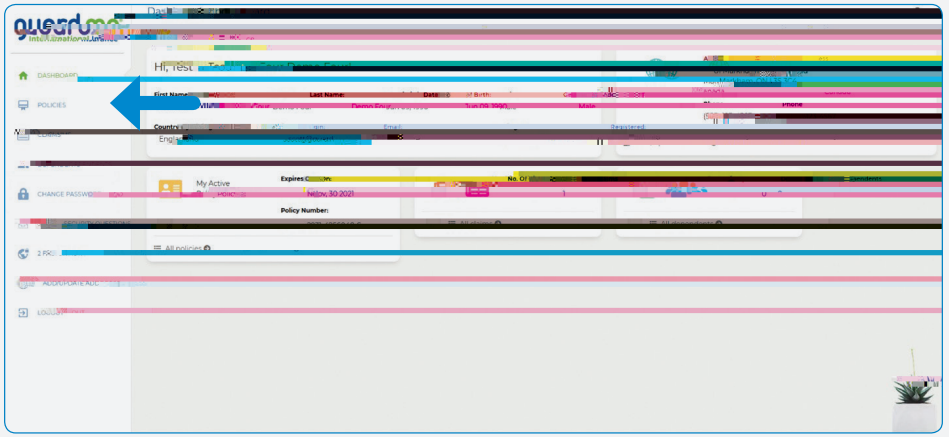




https://www.guard.me/login.php

Note:

POLICIES



POLICY NUMBER

Submit a Claim

Submit A Claim
International Insurance
CLAIMS
DEPENDENTS
SECURITY QUESTIONS
2 FACTOR AUTH
Yes
No
NEXT