



INTERNATIONAL MEDICAL GROUP

**Plan Administrator**

International Medical Group®, Inc.  
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Fax: 1.317.655.4505

Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)

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

As the Plan Administrator for Patriot Executive® Group, IMG acts as the authorized agent for and on behalf of Sirius International.



**SIRIUS**  
INTERNATIONAL

**Plan Underwriter**

These Patriot Executive Group plans are a surplus lines products underwritten by Sirius International Insurance Corporation (publ).

Sirius International is rated A (excellent) by A.M. Best and A- by Standard and Poor's (at the time of printing). Sirius International is a White Mountains Re company.

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**2007 rates  
will be held through  
October 31, 2008!**



**Patriot Executive® Group**

Medical insurance for organizations with five or more traveling executives



INTERNATIONAL MEDICAL GROUP

## Why Consider Travel Insurance?



When your executives travel throughout the year, they have plenty of responsibilities. They don't need to be worried about their medical coverage while abroad. But what would happen if they became ill or injured during the trip?

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans generally offer adequate domestic coverage, they may not be designed for international travel.

Your group has enough to worry about when they travel. Don't let their medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Executive® Group plans to provide you and your group Coverage without Boundaries®. Each plan offers a complete assistance package of international benefits available 24 hours a day. Simply select the one that best fits your needs.

### Patriot Executive® Group International

Patriot Executive Group International is an annual plan for U.S. citizens that provides coverage for a group of executives, their spouses and/or children traveling together for a period of one year. They are then covered during that year, in accordance with the terms of the plan, for each trip they take together outside their home country.

### Patriot Executive® Group America

Patriot Executive Group America is an annual plan for non-U.S. citizens that provides coverage for a group of executives, their spouses and/or children traveling together for a period of one year. They are then covered during that year, in accordance with the terms of the plan, for each trip they take together outside their home country.



## The Experienced Plan Administrator

Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides coverage services to individuals and families in more than 150 countries.

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claims administrators, on-site medical staff, and customer service professionals work together to give you true Global Peace of Mind®. IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. You can rest assured that IMG will be there for you whether it be for routine treatment or during a medical emergency.

### MySM

With this tool you have the ability to access the information you need to manage your account online 24 hours a day, seven days a week from anywhere in the world. You can check the status of your claims submissions, retrieve explanation of benefits, read announcements, obtain certificate documents, initiate precertification and search for physicians within the First Health Network (PPO) as well as through the International Provider Access<sup>SM</sup> (IPA), a database of over 8,600 facilities outside the United States!

### Locating a Provider

With the Patriot Executive Group plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you may reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG (all PPO providers are contracted separately through First Health Group Corp.).

IMG also provides an online International Provider Access (IPA) database that can be used to locate health care providers outside the U.S. as needed.

*(Note: Use of this service is subject to the terms and conditions specified online. These terms must be agreed to prior to using the service.) You may access these services by visiting the IMG<sup>GLOBAL</sup>® website, [www.imglobal.com](http://www.imglobal.com).*

### Akeso Care Management®

ACM® is a URAC accredited health care management company specializing in the complete spectrum of Medical Management Services. ACM offers a unique blend of service components and expertise in cost containment. Rather than work with a third party vendor in dealing with Emergency Medical Evacuation, Precertification, Disease Management, Medical Claims Auditing, Claim Rate Negotiations and Large Case Management, you will work directly with IMG's wholly-owned subsidiary, ACM, and receive the security you need, along with peace of mind.



## SCHEDULE OF BENEFITS - PLAN INFORMATION

|   |  |
|---|--|
| Policy Maximum  | US\$1,000,000  |
| Policy Maximum for travelers who are 70-75                            | US\$50,000   |
| Deductible  | US\$250 per each covered illness   |
| Coinsurance<br>For treatment received outside the U.S. & Canada       | No coinsurance   |
| For treatment received within the U.S. & Canada<br>In the PPO Network | The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum |
| Out of the PPO Network  | The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum |

## MEDICAL BENEFITS

usual, reasonable and customary charges, subject to deductible and coinsurance

|   |   |
|---|---|
| Hospital Room and Board                         | Up to Policy Maximum for average semi-private room rate |
| Intensive Care                                  | Up to Policy Maximum                                    |
| Medical Expenses                                | Up to Policy Maximum                                    |
| Outpatient Medical                              | Up to Policy Maximum                                    |
| Local Ambulance                                 | Up to Policy Maximum                                    |
| Emergency Room Accident                         | Up to Policy Maximum                                    |
| Emergency Illness- with in-patient admission    | Up to Policy Maximum                                    |
| Emergency Illness- without in-patient admission | Up to Policy Maximum with additional US\$250 deductible |
| Dental<br>Injury due to accident                | Up to Policy Maximum                                    |
| Sudden dental pain                              | Up to US\$100   |
| Pre-existing Conditions                         | Up to US\$5,000 per period of coverage                  |

*This is a summary of benefits only. Please see pages 7-10 for a list of benefit descriptions.*

## INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

|                          |                  |
|--------------------------|------------------|
| Emergency Evacuation     | Up to US\$25,000 |
| Emergency Reunion        | Up to US\$15,000 |
| Return of Mortal Remains | Up to US\$25,000 |
| Returning Minor Children | Up to US\$5,000  |
| Political Evacuation     | Up to US\$10,000 |

## ADDITIONAL BENEFITS

|                                     |  |
|-------------------------------------|--|
| Benefit Period                      | Six months   |
| Common Carrier<br>Accidental Death  | US\$50,000 to Beneficiary; maximum of US\$250,000 per family |
| Sports & Activities Coverage        | Up to Policy Maximum for basic sports                        |
| Accidental Death<br>& Dismemberment | US\$25,000 principal sum                                     |
| Terrorism Coverage                  | US\$50,000 lifetime maximum                                  |
| Identity Theft Assistance           | Up to US\$500 per Period of Coverage                         |
| Trip Interruption                   | Up to US\$5,000  |
| Lost Luggage                        | Up to US\$50 per item of luggage; maximum of US\$250         |

*This is a summary of benefits only. Please see pages 7-10 for a list of benefit descriptions.*

## PATRIOT EXECUTIVE GROUP INTERNATIONAL

Rates - through age 75\*

|                       |         |
|-----------------------|---------|
| Maximum Trip Duration | 30 Days |
| Annual premium        | US\$180 |
| Spouse & 2 children   | US\$ 90 |
| Each additional child | US\$ 36 |

## PATRIOT EXECUTIVE GROUP AMERICA

Rates - through age 75\*

|                       |         |
|-----------------------|---------|
| Maximum Trip Duration | 30 Days |
| Annual premium        | US\$212 |
| Spouse & 2 children   | US\$106 |
| Each additional child | US\$ 42 |

\*The plan pays a policy maximum of US\$50,000 for travelers who are 70-75 years old. Rates include 2.5% surplus lines tax where applicable. Rates are effective through 12/31/07.

## UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

This is a discount savings program available to *every* certificate holder of the Patriot Executive Group plans. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price.

This *discount program* is not insurance coverage. It is purely a discount program to purchasers of the Patriot Executive Group plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

## QUALITY GUARANTEE

The group's satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, the sponsoring organization or group is not pleased with this product, you may submit a written request for cancellation and refund of your premium. In order to be considered for a full refund, the request for cancellation must be received by IMG prior to their effective date.

## CONDITIONS OF COVERAGE

1. The Period of Coverage is for one year from the effective date of the Certificate of Coverage.
2. Coverage and benefits are subject to the applicable deductible, and the other terms of the plan as contained in the complete Certificate Wording and Master Policy.
3. Coverage under the Patriot Executive Group plan is secondary to any other coverage or contractual benefits.
4. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only. Benefits under the plan are available only for injuries and illnesses for which treatment is first obtained during the first 30 days of the trip.
5. Charges must be administered or ordered by a physician.
6. Charges must be incurred during the Period of Coverage or the Benefit Period, if applicable.
7. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period (if applicable), or during the three months immediately following the Period of Coverage.

## ELIGIBILITY REQUIREMENTS

**(U.S. citizens)** As a member of the Sponsoring Organization, you, your spouse and children are eligible for Patriot Executive Group International while traveling together outside the United States if they: 1) are under the age of 76, 2) are covered by an individual or group medical plan, and 3) travel outside the United States frequently throughout the year.

**(Non-U.S. citizens)** As a member of the Sponsoring Organization, you, your spouse and children are eligible for Patriot Executive Group America while traveling together outside your home country if they: 1) are under the age of 76, 2) are covered by an individual or group medical plan, and 3) travel outside your home country frequently throughout the year.

*Although the Patriot Executive Group plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed. For longer-term or renewable coverages, please inquire about IMG's other available international insurance plans.*

## ENROLLMENT PROCESSING & FULFILLMENT KIT

Application Forms are normally processed within 24 hours of receipt. Once processing is complete, the Company will mail a fulfillment kit to the mailing address listed on the Enrollment Form. The fulfillment kit will include an IMG Identification Card for each Group member, IMG contact numbers, Claim Forms and your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*



## CLAIMS PROCEDURE

### PRECERTIFICATION

Each proposed hospital admission and inpatient or outpatient surgery must be Precertified, which means the Insured Person or their attending Physician must call the number listed on the IMG Identification Card *prior* to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a Hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. **Precertification is not a guarantee of payment. Please review the Precertification pamphlet enclosed with each fulfillment kit. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines.** *Note: You may begin the precertification process at IMG's website, [www.imglobal.com](http://www.imglobal.com). Simply click the "Current Clients" title, then click the "Initiate Precertification" option. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures or evacuations.*

### CLAIM PAYMENT

All benefits payable under Patriot Executive Group are subject to the provisions described in this brochure and the Certificate Wording. To make claim processing efficient, claims may be paid in two ways.

1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be made either to the Insured Person or directly to the provider.

**Please mail completed claim forms to:** International Medical Group, Inc., P.O. Box 88500, Indianapolis, IN 46208-0500 U.S.A. All IMG contact numbers, claim forms and Certificate Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: [insurance@imglobal.com](mailto:insurance@imglobal.com).

## DESCRIPTION OF BENEFITS

### DEDUCTIBLE:

The deductible option is US\$250 per each covered illness. This deductible is waived for claims incurred as a result of a covered accident.

### EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident are covered up to the Policy Maximum.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admittance to the hospital.



### DENTAL:

Injury due to an accident - Each plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident up to the Policy Maximum.

Sudden dental pain - Each plan will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

### BENEFIT PERIOD:

If a covered injury or illness requires continuing treatment after the period of coverage expires, the six-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the period of coverage expired, benefits for the covered injury or illness will continue subject to the Policy Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.



### EMERGENCY EVACUATION:

The Patriot Executive Group plan includes coverage for emergency medical evacuation to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred up to the Policy Limit. The plan pays up to US\$25,000 for evacuations resulting from a pre-existing condition; up to the

Policy Maximum for covered incidents for insured persons under age 66; and up to US\$50,000 for covered incidents for insured persons from ages 66 to 75.

### EMERGENCY REUNION:

The Patriot Executive Group plan also provides emergency reunion coverage, up to US\$15,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.

### RETURN OF MORTAL REMAINS:

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered up to a maximum of US\$25,000.

### RETURNING MINOR CHILDREN:

If an insured person is hospitalized due to a covered illness/injury and is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Patriot Executive Group plan will pay up to US\$5,000 for one way economy fare to the home country, including a chaperone, if necessary, for the safety of the child(ren).

### POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs issues a travel advisory that becomes effective on or after the Insured Person's date of arrival in the Host Country, the Company will pay up to US\$10,000 for transportation to the nearest place of safety or for repatriation to the Insured Person's home country or country of residence provided that:

1. The Insured Person contacts the Company within 10 days of the United States Department of State, Bureau of Consular affairs issues the travel advisory;
2. Political Evacuation and Repatriation is approved and coordinated by the Company.

### PRE-EXISTING CONDITIONS:

The plan will cover up to US\$5,000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of a pre-existing condition, as defined in the Certificate Wording.

### COMMON CARRIER ACCIDENTAL DEATH:

If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family. Notwithstanding separate benefits, limits and sublimits for Common Carrier Accidental Death benefit (page 4) and Accidental Death & Dismemberment benefits (page 4), no more than US\$50,000 per individual will be paid to a beneficiary in the event of any death that occurs while covered by the Patriot Executive Group plan.

## SPORTS & ACTIVITIES COVERAGE:



The Patriot Executive Group plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, windsurfing and whitewater rafting.

## ACCIDENTAL DEATH & DISMEMBERMENT:

The Patriot Executive Group plan includes US\$25,000 principal sum benefit for Accidental Death and Dismemberment occurring during the period of coverage:

- Accidental Loss of life - principal sum\*
- Accidental Loss of life which occurred during a hijacking, kidnapping or attempted kidnapping - two times the principal sum\*
- Accidental Loss of two Members - principal sum
- Accidental Loss of one Member - 50% of principal sum.

*“Member” means hand, foot or eye.*  
*\*Notwithstanding separate benefits, limits and sublimits for Common Carrier Accidental Death benefit (page 4) and Accidental Death & Dismemberment benefits (page 4), no more than US\$50,000 per individual will be paid to a beneficiary in the event of any death that occurs while covered by the Patriot Executive Group plan.*

## TERRORISM:

The Patriot Executive Group plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, subject to a US\$50,000 lifetime maximum.

If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse eligible medical claims subject to a US\$50,000 lifetime maximum. Claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand.

This benefit does not cover an act of Terrorism in a country or location where the United States government has issued a travel advisory that has been in effect within the 6 months prior to the insured person's date of arrival.

This benefit does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to depart the country or location.

## IDENTITY THEFT ASSISTANCE:

If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, the Patriot Executive Group plans will provide coverage for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of reporting, amending and/or rectifying records as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage and must be reported within 6 months of the termination of coverage date.

## TRIP INTERRUPTION:

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, the Patriot Executive Group plan will reimburse the insured up to US\$5,000 for the cost of returning the insured to the area of principal residence. The plan will cover reimbursement for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.



## LOST LUGGAGE:

This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

## EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under the Patriot Executive Group plan.

1. Treatment for pre-existing conditions in excess of US\$5000, per Insured Person, per Period of Coverage (not per trip). A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time prior thereto, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as provided for in the Certificate of Coverage.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Injury sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, wind-surfing and whitewater rafting.
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.

12. Charges, injuries and/or illnesses resulting from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. Willful self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered hereunder.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Treatment for mental and nervous disorders.
19. Organ or tissue transplants or related services.
20. Treatment for Illness or Injury where the trip is undertaken for the purpose of obtaining such treatment or advice for a pre-existing condition.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

***This brochure contains only a consolidated and summary description of all current Patriot Executive Group benefits, conditions, limitations and exclusions, and is subject to all of the terms and conditions of the full Certificate Wording. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.***



# IMG IS YOUR COMPLETE SOURCE FOR INTERNATIONAL MEDICAL COVERAGE

## Short-term Travel Plans:

Patriot Travel Medical Insurance®  
Patriot Group Travel Medical Insurance®  
Patriot Executive®, Patriot Executive Group  
Patriot Exchange Program<sup>SM</sup>

## Long-term Travel Plans:

Global Medical Insurance®

## Employer Plans:

GEO<sup>SM</sup> Group  
Global Educators Medical (GEM<sup>SM</sup>)

## Mission Plans:

Global Mission Medical Insurance<sup>SM</sup>  
Global Mission Basic®  
Outreach Travel Medical Insurance<sup>SM</sup>  
MP+International<sup>SM</sup>

## Marine Plans:

Global Crew Medical Insurance®  
International Marine Medical Insurance<sup>SM</sup>

## Specialty Plans:

Patriot Extreme®, Sky Rescue<sup>SM</sup>

## IMG recommends trip cancellation programs from iTravellInsured® through membership in National Small Business Travel & Health Association (NSBTHA):

Patriot T.R.I.P. "Lite"<sup>SM</sup>, Patriot T.R.I.P.<sup>SM</sup>  
Patriot Student<sup>SM</sup> T.R.I.P., Patriot T.R.I.P. Elite<sup>SM</sup>

## To Enroll

1. Complete entire Application Form (including reverse side)
2. Calculate applicable premium
3. Please make check or money order payable to IMG and enclose in envelope with signed Application Form
4. Mail or fax to:  
International Medical Group, Inc.  
P.O. Box 88509  
Indianapolis, Indiana 46208-0509 USA  
Fax 1.317.655.4505

### Please Print:

Sponsoring Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Requested Effective Date \_\_\_\_\_

### Beneficiaries

In the event of an insured's death, his/her beneficiaries will be as follows:

- 1) Spouse (if any) - Primary
- 2) Children (if any) - First contingent
- 3) Estate of the insured - Second contingent

**Payment Method**  Check (To IMG)  Money Order (To IMG)  Wire  
 MasterCard\*  Visa\*  American Express\*  Discover\*  JCB\*

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Cardholder's Daytime Phone \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

\*If paying by credit card, I authorize IMG to debit my MasterCard/Visa/American Express/Discover/JCB Account for the total amount due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

### Selling Producer Use Only

Producer# 57569 GA# \_\_\_\_\_  
Name ATTACH \_\_\_\_\_  
Address 701 Palomar Airport Rd. Ste 300 \_\_\_\_\_  
City Carlsbad Phone: 866-289-3092 \_\_\_\_\_  
State CA Zip Code 92011 \_\_\_\_\_

| Group Member's Name<br>Nationality | Date of Birth | Passport Number/SSN<br>/Driver's License | Please indicate below if this<br>person is the group member,<br>spouse or dependent | Annual<br>Premium |
|------------------------------------|---------------|--|---|-------------------|
| 1                                  |               |  |   |                   |
| 2                                  |               |  |   |                   |
| 3                                  |               |  |   |                   |
| 4                                  |               |  |   |                   |
| 5                                  |               |  |   |                   |
| 6                                  |               |  |   |                   |
| 7                                  |               |  |   |                   |
| 8                                  |               |  |   |                   |
| 9                                  |               |  |   |                   |
| 10                                 |               |  |   |                   |

(attach additional sheets if necessary - all group members, spouses and dependents seeking coverage must be listed to obtain coverage)

**US\$20 optional express mail:**

**TOTAL:**

### Plan Agreement

The Sponsoring Organization agrees to pay the premium required hereunder to IMG, as agent for the Company, on or before the due date(s). Premium payments must be made in U.S. dollars. If paying by credit card, the Sponsoring Organization authorizes IMG to bill the credit card account for the total charges as specified herein. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

The Sponsoring Organization has read this brochure and understands that the coverage applied for is not general health insurance, but is intended for use by the Group members listed on the back of this form in the event of a sudden and unexpected illness or injury for which eligible coverage may be available under the plan. The Sponsoring Organization understands and agrees that this insurance provides only limited coverage, up to US\$5000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of any Injury, Illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time prior thereto, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom (a "pre-existing condition"), whether or not previously manifested or known, diagnosed, treated, or disclosed, and that all charges and/or claims for pre-existing conditions in excess of such limit will be excluded from coverage under this insurance. The Sponsoring Organization certifies and warrants that all Group members are currently in good health and have not been diagnosed with, treated for, and do not suffer from any pre-existing or other medical condition which may require treatment during this insurance or for which any Group member intends to claim under this insurance.

The undersigned is a duly authorized representative of the Sponsoring Organization and has the authority to submit this Application Form on behalf of the Group members listed herein. The Sponsoring Organization hereby subscribes,

for and on behalf of each listed member, to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Patriot Executive® Group underwritten by Sirius International Insurance Corporation (publ) (the Company). By acceptance of or request for coverage and/or benefits subsequent to the Company's acceptance hereof, a Group member ratifies and affirms the authority of the Sponsoring Organization to bind such member hereunder. Further, all members agree to the limitation of coverage for pre-existing conditions as defined herein. The Sponsoring Organization understands that coverage under Patriot Executive Group is NOT RENEWABLE. Any successive or subsequent enrollments in Patriot Executive Group are not renewals, and new Deductibles, Eligibility requirements, Conditions of Coverage and Pre-existing Condition Exclusions will apply.

By submission of their enrollment and/or making any future claim for benefits or coverage, a Group member purposefully initiates and takes advantage of the privilege of conducting business with the Company in Indiana, through IMG as its selected agent and administrator, and invokes the benefits and protections of Indiana's laws. The contract of insurance represented by the Master Policy and evidenced by a Certificate of Insurance under this Group plan shall be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Marion County, Indiana, for which each Group member consents. Each Group member also consents that Indiana law shall govern all rights and claims raised under any Certificate of Insurance issued under this agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_