
PT
PATRIOT TRAVEL
MEDICAL INSURANCE®
Short-term travel medical insurance for
individuals, families and groups
IMG
GLOBAL
peace of mind®

WHY IMG?

For more than 25 years, International Medical Group® (IMG®) has provided global benefits and assistance services to millions of members in almost every country. We're committed to being there with our members wherever they may be in the world, providing them Global Peace of Mind®. With 24/7 worldwide assistance and medical management services, multilingual claims administrators and highly trained customer service professionals, IMG delivers the insurance products international members need, backed by the services they want.

Global Support. With offices and partners across the globe, IMG provides the support you need, when you need it. In fact, it's our corporate mission to be there to protect and enhance your health and well-being.

Service Without Obstacles. With a team of international, multilingual specialists, we are accustomed to working in multiple time zones, languages and currencies. Our global reach means we can work without barriers.

International Provider Access℠ (IPA). In addition to our expansive PPO network available for treatment received within the U.S., our proprietary IPA network of more than 17,000 accomplished physicians and facilities allows you to access quality care worldwide. Our direct billing arrangements can also ease the time and upfront expense at select providers.

Financial Stability. Our globally recognized underwriters, A-rated Sirius International Insurance Corporation (publ) and certain underwriters at Lloyd's, offer the financial security and reputation demanded by international consumers.

Accessible Technology. Log on to the secure, 24-hour online portal, MyIMG℠, to submit and view your claims, manage your account, search for providers, Live Chat with representatives and more.

International Emergency Care. When you're away from home and a medical emergency occurs, you may not be able to wait for regular business hours. With our on-site medical staff, you have 24-hour access to highly qualified coordinators of emergency medical services and international treatment.

WHY PATRIOT TRAVEL?

International travel can quickly turn into a frightening situation if you're not prepared for a medical emergency. Most travelers assume they will be covered by their standard medical plan, but that isn't always the case. While traditional plans may offer adequate domestic coverage, they are not designed for international travel. Without even realizing it, you may be putting your health at risk.

Don't let your medical coverage be an uncertainty. Travel with one of IMG's two Patriot Travel Medical Insurance® plans so you can spend more time enjoying your international experience and less time worrying about medical coverage.

- **Patriot International®** provides coverage for people traveling outside their residence country whose destination excludes the United States or its territories.
- **Patriot America®** provides coverage for people traveling outside their residence country whose destination includes the United States or its territories.

Both plans are available for individuals, families and groups for a minimum of five days up to a maximum of two years, and offer a complete package of international benefits.

ADDITIONAL WORLD-CLASS SERVICES

- ***MyIMG*SM**

Service at your fingertips — that's what My*IMG* provides. My*IMG* is a proprietary online service located at **www.imglobal.com/member** that provides you information and tools to manage your IMG accounts anytime, anywhere. Our service centers in the U.S. and Europe are available to assist with emergencies 24 hours a day, and through My*IMG* you have immediate access to important tools and resources.
Some features include:

Submit and manage claims
Access to Explanations of Benefits (EOBs)
Initiate pre-certification
Access Customer Care via Live Chat, email or telephone
Locate a provider
Recommend a provider/facility
Obtain ID cards and other insurance documents

- **Universal Rx Pharmacy Discount Savings**

This discount savings program allows you 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 program is not insurance coverage; it is purely a discount program.*

SUMMARY OF BENEFITS

Maximum Limit Per Period of Coverage Options	$50,000, $100,000, $500,000, $1,000,000, $2,000,000 (Patriot International only)
Individual Deductible options	$0, $100, $250, $500, $1,000, $2,500
Hospital Room and Board	Average semi-private room rate up to the maximum limit. Includes nursing service
Intensive Care	Up to the maximum limit
Surgery	Up to the maximum limit
Physician Visits	Up to the maximum limit
Diagnostic Procedures	Up to the maximum limit
Prescription Medication	Up to the maximum limit
Home Health Care	Up to the maximum limit

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

SUMMARY OF BENEFITS *(CONTINUED)*

Emergency Local Ambulance	Up to the maximum limit
Durable Medical Equipment	Up to the maximum limit
Emergency Dental Treatment	$300 maximum limit due to dental accident or unexpected pain to sound natural teeth
Traumatic Dental Injury *Treatment at a hospital due to an accident*	Up to the period of coverage maximum limit Subject to deductible and coinsurance Additional treatment for the same injury rendered by a dental provider will be paid at 100%
Emergency Medical Evacuation *Must be approved in advance and coordinated by the company*	$1,000,000 maximum limit. Not subject to deductible.
Emergency Reunion *Must be approved in advance by the company*	$50,000 maximum limit. Not subject to deductible.
Return of Minor Children *Must be approved in advance by the company*	$50,000 maximum limit. Not subject to deductible.
Return of Mortal Remains or Cremation/Burial *Must be approved in advance by the company*	$50,000 maximum limit for return of mortal remains or ashes to country of residence, or $5,000 maximum limit for cremation or local burial at the place of death. Not subject to deductible.
Political Evacuation *Must be approved in advance by the company*	$10,000 maximum limit. Not subject to deductible.
Natural Disaster	$250 per day and maximum limit of five days for accommodations. Not subject to deductible.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

SUMMARY OF BENEFITS (CONTINUED)

Accidental Death & Dismemberment	$25,000 principal sum. Not subject to deductible
Common Carrier Accidental Death	$50,000 per insured person, $250,000 maximum limit per lifetime per family. Not subject to deductible.
Trip Interruption	$5,000 maximum limit. Not subject to deductible.
Lost Luggage	$50 per item, $250 maximum limit. Not subject to deductible.
Hospital Indemnity	$100 per overnight inpatient confinement, maximum limit of 10 overnights. Not subject to deductible.
Identity Theft	$500 maximum limit. Not subject to deductible.
Terrorism	$50,000 maximum limit. Not subject to deductible.
Incidental Trips to Home Country *Insured person's country of residence is not the U.S.*	14 consecutive days maximum limit
Incidental Emergency Coverage in the U.S. (Patriot International Only)	14 consecutive days maximum limit. Available only for a covered emergency medical evacuation, or an emergency injury or illness that manifested during travel through the United States to or from the host country.
Coinsurance - for treatment received outside of the U.S.	No coinsurance (0%)
Coinsurance - for treatment received within the U.S.	In the PPO network - Company pays 100% Out of the PPO network - Company pays 80% of eligible expenses up to $5,000, then 100%
Pre-Certification	Fifty percent (50%) reduction of eligible medical expenses if pre-certification provisions are not met.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

SUMMARY OF BENEFITS (CONTINUED)

Acute Onset of a Pre-existing Condition (Patriot International Only)	**U.S. citizen** up to age 65 with primary health plan: Up to maximum limit. **U.S. citizen** up to age 65 without primary health plan: $20,000 maximum limit. **U.S. citizen** age 65 to age 70: $2,500 maximum limit. **Non-U.S. citizen** up to age 70: Up to maximum limit or $500,000 - whichever is lower.
Acute Onset of a Pre-existing Condition - Emergency Medical Evacuation (Patriot International Only)	Up to age 65: $25,000 maximum limit
Urgent Care	$25 co-pay. Co-pay is not applicable when the $0 deductible is selected. Not subject to deductible
Walk-in Clinic	$15 co-pay. Co-pay is not applicable when the $0 deductible is selected. Not subject to deductible
Physical Therapy *Medical order or treatment plan required*	Up to the maximum limit
Hospital Emergency Room: International	Deductible waived
Hospital Emergency Room: United States	Injury not subject to emergency room deductible Illness: Subject to a $250 deductible for each emergency room visit for treatment that does not result in direct inpatient hospital admission
Interfacility Ambulance Transfer *Transfer from one licensed health care facility to another licensed health care facility resulting in an inpatient hospital admission*	Company pays 100%
Personal Liability *Secondary to any other insurance*	Injury to a third person: $100 per injury deductible Damage to a third person's property: $100 per damage deductible No coverage for injury to a related third party or damage to related third person's property

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

OPTIONAL COVERAGE

Patriot Travel Medical Insurance offers several optional coverages. You may review and choose any from the following list that meet your needs. To apply, simply add in the appropriate information and premiums, as outlined in the application, into the calculation for the total premium due. Please note: With the exception of the Enhanced AD&D Rider and the Chaperone/Faculty Leader Replacement Riders, optional riders apply to all individuals listed on the application.

Adventure Sports Rider *(available to insureds through age 64)*	Age / Certificate Lifetime Maximum 0 - 49 $50,000 50 - 59 $30,000 60 - 64 $15,000
Enhanced AD&D Rider *(available to the primary insured on individual plans only)*	Up to an additional $400,000
Evacuation Plus Rider *(available to insureds up to age 65 on individual plans only)*	Non-life-threatening medical evacuation: Up to a maximum of $25,000. Natural disaster evacuation: Up to a maximum of $5,000.
Chaperone/Faculty Leader Replacement Rider *(available on group plans only)*	Up to $3,000 for round-trip economy airline ticket

ELIGIBILITY

Patriot International insurance is available for those traveling outside of the United States and Patriot America insurance is available for non-U.S. residents whose travels include the United States. You must pay the required premium on or before the effective date of coverage and must have legally entered your destination country on the effective date. All applicants must be at least 14 days old, and cannot be HIV+, pregnant, hospitalized or disabled on the plan effective date.

ENROLLMENT

To apply, simply complete and return the application. If you are applying as a family, you may include yourself, your spouse and dependents on one application. If you have dependents who are 18 years of age or older, you must complete a separate application for those individuals. If approved, you will receive a fulfillment kit, which includes an identification card, declaration of insurance and a Certificate of Insurance containing a complete description of benefits, exclusions and terms of the plan.

RENEWAL AND EXTENSIONS

Subject to the terms of the plan, Patriot Travel Medical Insurance can be extended for a minimum of five days up to a 12-month period, until reaching a maximum of 24 continuous months. Prior to the end of each period of coverage purchased, you will receive renewal information. You have the option to renew online or you may complete a paper renewal form. Each insured person must only satisfy one deductible and coinsurance within each 12-month period of coverage.

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): *This insurance is not subject to and does not provide benefits required by PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA-compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA-compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is an insured person's sole and exclusive responsibility to determine the insurance requirements applicable to them, and the Company and IMG shall have no liability whatsoever, including for any penalties a person may incur, for failure to obtain coverage required by any applicable law including, without limitation, PPACA. For information on whether PPACA applies to you or whether you are eligible to purchase Patriot Travel Medical Insurance, please see IMG's Frequently Asked Questions at www.imglobal.com/faq.*


PATRIOT TRAVEL
MEDICAL INSURANCE®
WORRY LESS.SM
Experience more.
CONTACT YOUR INSURANCE PRODUCER TO GET A QUOTE AND APPLY FOR COVERAGE.

PT

IMG

Producer Contact Information

Expat Health Center
8420 W. DODGE ROAD, SUITE 510
OMAHA, NE 68114
Phone: (866) 979-6753
info@travelinsurancecenter.com

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the Insurance Contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the Insurance Contract.

Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

+1.317.655.4500 www.imglobal.com insurance@imglobal.com

Version 0518
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Patriot Travel Medical Insurance®
Individual Rates

Patriot International® Individual Rates (Destination excludes the U.S.) *Rates below reflect a $250 deductible*

Individual Monthly Rate

	Maximum Limit				
Age	$50,000	$100,000	$500,000	$1 Million	$2 Million
18-29	$23	$29	$34	$37	$39
30-39	$28	$34	$42	$44	$46
40-49	$47	$55	$63	$63	$66
50-59	$82	$91	$96	$98	$103
60-64	$99	$108	$117	$118	$124
65-69	$119	$127	$146	$158	$166
70-79	$174	N/A	N/A	N/A	N/A
80+*	$308	N/A	N/A	N/A	N/A
Dep. Child	$21	$26	$31	$34	$38
Child Alone	$23	$29	$34	$37	$39

**10,000 Maximum*

Individual Daily Rate

	Maximum Limit				
Age	$50,000	$100,000	$500,000	$1 Million	$2 Million
18-29	$0.77	$0.95	$1.10	$1.22	$1.29
30-39	$0.91	$1.10	$1.39	$1.45	$1.51
40-49	$1.53	$1.80	$2.05	$2.07	$2.17
50-59	$2.70	$2.98	$3.16	$3.22	$3.39
60-64	$3.25	$3.55	$3.84	$3.88	$4.07
65-69	$3.90	$4.15	$4.80	$5.18	$5.43
70-79	$5.70	N/A	N/A	N/A	N/A
80+*	$10.11	N/A	N/A	N/A	N/A
Dep. Child	$0.70	$0.85	$1.00	$1.10	$1.25
Child Alone	$0.77	$0.95	$1.10	$1.22	$1.29

**10,000 Maximum*

Patriot America® Individual Rates (Destination includes the U.S.) *Rates below reflect a $250 deductible*

Individual Monthly Rate

	Maximum Limit			
Age	$50,000	$100,000	$500,000	$1 Million
18-29	$37	$47	$62	$68
30-39	$50	$67	$81	$87
40-49	$74	$92	$116	$129
50-59	$99	$125	$164	$176
60-64	$121	$158	$216	$230
65-69	$143	$183	$244	$267
70-79	$195	N/A	N/A	N/A
80+*	$348	N/A	N/A	N/A
Dep. Child	$35	$42	$54	$60
Child Alone	$37	$47	$62	$68

**10,000 Maximum*

Individual Daily Rate

	Maximum Limit			
Age	$50,000	$100,000	$500,000	$1 Million
18-29	$1.22	$1.56	$2.05	$2.27
30-39	$1.67	$2.23	$2.70	$2.90
40-49	$2.46	$3.08	$3.86	$4.30
50-59	$3.30	$4.15	$5.48	$5.87
60-64	$4.03	$5.28	$7.19	$7.67
65-69	$4.76	$6.10	$8.12	$8.91
70-79	$6.49	N/A	N/A	N/A
80+*	$11.61	N/A	N/A	N/A
Dep. Child	$1.12	$1.40	$1.68	$1.88
Child Alone	$1.22	$1.56	$2.05	$2.27

**10,000 Maximum*

Enhanced AD&D rider monthly rates*	
Up to $100,000 additional coverage	$8
Up to $200,000 additional coverage	$16
Up to $300,000 additional coverage	$24
Up to $400,000 additional coverage	$32

**Available to the primary Insured only. Available with a minimum purchase of three months of medical and AD&D rider coverage. Premium is charged in whole-month increments.*

Evacuation plus rider monthly rate*	
Premium per covered insured per month	$45

**Must be purchased for a minimum of three months regardless of the minimum number of days being traveled. Premium is charged in whole-month increments.*

Additional deductible options						
Deductible	$0	$100	$250	$500	$1,000	$2,500
Rate Factor	1.25	1.10	1.00	.90	.80	.70

New premium rates per Insured Person are effective for purchases beginning May 2, 2018 for eligible individuals whose applications are approved by IMG. IMG reserves the right to assess the most current rates at the time of the effective date in the event these rates expire, are modified or are replaced.

Patriot Travel Medical Insurance®
Group Rates *(Groups of 5 or more)*

Patriot International Group Rates (Destination excludes the U.S.) *Rates below reflect a $250 deductible*

Group Monthly Rate

	Maximum Limit				
Age	$50,000	$100,000	$500,000	$1 Million	$2 Million
18-29	$20.70	$26.10	$30.60	$33.30	$35.10
30-39	$25.20	$30.60	$37.80	$39.60	$41.40
40-49	$42.30	$49.50	$56.70	$56.70	$59.40
50-59	$73.80	$81.90	$86.40	$88.20	$92.70
60-64	$89.10	$97.20	$105.30	$106.20	$111.60
65-69	$107.10	$114.30	$131.40	$142.20	$149.40
70-79	$156.60	N/A	N/A	N/A	N/A
80+*	$277.20	N/A	N/A	N/A	N/A
Dep. Child	$18.90	$23.40	$27.90	$30.60	$34.20
Child Alone	$20.70	$26.10	$30.60	$33.30	$35.10

**10,000 Maximum*

Group Daily Rate

	Maximum Limit				
Age	$50,000	$100,000	$500,000	$1 Million	$2 Million
18-29	$0.69	$0.86	$0.99	$1.10	$1.16
30-39	$0.82	$0.99	$1.25	$1.31	$1.36
40-49	$1.38	$1.62	$1.85	$1.86	$1.95
50-59	$2.43	$2.68	$2.84	$2.90	$3.05
60-64	$2.93	$3.20	$3.46	$3.49	$3.66
65-69	$3.51	$3.74	$4.32	$4.66	$4.89
70-79	$5.13	N/A	N/A	N/A	N/A
80+*	$9.10	N/A	N/A	N/A	N/A
Dep. Child	$0.63	$0.77	$0.90	$0.99	$1.13
Child Alone	$0.69	$0.86	$0.99	$1.10	$1.16

**10,000 Maximum*

Patriot America Group Rates (Destination includes the U.S.) *Rates below reflect a $250 deductible*

Group Monthly Rate

	Maximum Limit			
Age	$50,000	$100,000	$500,000	$1 Million
18-29	$33	$42	$56	$61
30-39	$45	$60	$73	$78
40-49	$67	$83	$104	$116
50-59	$89	$113	$148	$158
60-64	$109	$142	$194	$207
65-69	$129	$165	$220	$240
70-79	$176	N/A	N/A	N/A
80+*	$313	N/A	N/A	N/A
Dep. Child	$32	$38	$49	$54
Child Alone	$33	$42	$56	$61

**10,000 Maximum*

Group Daily Rate

	Maximum Limit			
Age	$50,000	$100,000	$500,000	$1 Million
18-29	$1.10	$1.40	$1.87	$2.03
30-39	$1.50	$2.00	$2.43	$2.60
40-49	$2.23	$2.77	$3.47	$3.87
50-59	$2.97	$3.77	$4.93	$5.27
60-64	$3.63	$4.73	$6.47	$6.90
65-69	$4.30	$5.50	$7.33	$8.00
70-79	$5.87	N/A	N/A	N/A
80+*	$10.43	N/A	N/A	N/A
Dep. Child	$1.07	$1.27	$1.63	$1.80
Child Alone	$1.10	$1.40	$1.87	$2.03

**10,000 Maximum*

Additional deductible options						
Deductible	$0	$100	$250	$500	$1,000	$2,500
Rate Factor	1.25	1.10	1.00	.90	.80	.70

New premium rates per Insured Person are effective for purchases beginning May 2, 2018 for eligible individuals whose applications are approved by IMG. IMG reserves the right to assess the most current rates at the time of the effective date in the event these rates expire, are modified or are replaced.

CM00500289A180416

PATRIOT TRAVEL MEDICAL INSURANCE® APPLICATION

Please print legibly and complete ALL SECTIONS *(front and back)* of this application. Mail, fax or email application to: International Medical Group, P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax +1.317.655.4505, Email: insurance@imglobal.com

1	**PRIMARY APPLICANT INFORMATION:**		
First Name:	Last Name:	Middle:	
Government Issued ID Number:	Sex: ☐ Male ☐ Female		

2	**FULFILLMENT AND INFORMATION DELIVERY METHOD:**		
☐ **Communications should be sent via email to:**			
☐ **For mail fulfillment kit purposes ONLY**: **I do not mind the delays associated with receiving the initial communication via regular mail. I prefer to receive a paper copy of the coverage verification letter and insurance contract to the following address:**			
Name:		Address:	
City:	Postal Code:	Country:	
If the address provided is in Florida, is the applicant currently located in Florida? *(Determines applicable surplus lines tax and will not affect coverage)*		☐ Yes ☐ No	
☐	I allow IMG to process my personal information. I have read and understand IMG's Privacy Policy, which is available at www.imglobal.com/legal/privacy-policy, and permit IMG to use my information for marketing and member communications.		

3	**PLAN OPTION AND ADDITIONAL COVERAGE OPTIONS:**	
Select the coverage plan and maximum limit. Check one plan and one option:		
☐ Patriot America (Destination includes the U.S.):	☐ $50,000 ☐ $100,000 ☐ $500,000 ☐ $1 Million	
☐ Patriot International (Destination excludes the U.S.):	☐ $50,000 ☐ $100,000 ☐ $500,000 ☐ $1 Million ☐ $2 Million	
Country of Citizenship:	Country of Residence:	
Destination Country(ies):		
Requested Effective Date: ___/___/___ *(month/day/year)*		

4 PREMIUM CALCULATION:

Names of Persons to be insured: *Please attach additional sheet for more children*		Date of Birth *(month/day/year)*	Monthly Rate	# of Months Travel Coverage	Total	Daily Rate	# of Days	Total
Applicant		___/___/___	_____ x _____ =		_____	_____ x _____ =		_____
Spouse		___/___/___	_____ x _____ =		_____	_____ x _____ =		_____
Child 1		___/___/___	_____ x _____ =		_____	_____ x _____ =		_____
Child 2		___/___/___	_____ x _____ =		_____	_____ x _____ =		_____
Child 3		___/___/___	_____ x _____ =		_____	_____ x _____ =		_____
		TOTAL	**(A)**		**(B)**			**(C)**

5 DEDUCTIBLE OPTION:

CIRCLE ONE : Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 6 **(D)**	Deductible	$0	$100	$250	$500	$1,000	$2,500
	Rate Factor	1.25	1.10	1.00	.90	.80	.70

Beneficiaries

If applicants would like to designate a beneficiary, the beneficiary designation form can be accessed via www.imglobal.com/member.

APPLICATION FORM CONTINUED ON BACK

PATRIOT TRAVEL MEDICAL INSURANCE® APPLICATION

Please print legibly and complete ALL SECTIONS *(front and back)* of this application.

6 PLAN PREMIUM:

BASE PLAN	
(B) Monthly premium total *(from B in Section 4)*	
(C) Daily premium total *(from C in Section 4)*	
B + **C** =	
(D) Deductible rate factor *(see Section 5)*	x
(E) Base premium	
ADDITIONAL COVERAGE OPTIONS	
Adventure Sports Rider (F) *(enter .20 if applicable)*	

Enhanced AD&D Rider
(To purchase, please complete the following calculation)

_____ x _____ = _____
# of months Rate **(G)**

Evacuation Plus Rider
(To purchase, please complete the following calculation)

_____ x _____ x $45.00 = _____
# of months # of Insureds **(H)**

TOTAL PREMIUM	
Enter the amount from **(E)**	
Enter the amount from **(F)** to the right of the **1.**	x **1.** _____ =
Enter the amount from **(G)**	+
Enter the amount from **(H)**	+
Optional express mail $20	+
TOTAL AMOUNT DUE	=

IMG PRODUCER USE ONLY

Producer #: 453104
Name: Expat Health Center
Address: 8420 W. DODGE ROAD, SUITE 510
City: OMAHA State: NE Zip: 68114
Phone: (866) 979-6753
Email: info@travelinsurancecenter.com

7 SUBSCRIPTION:

The undersigned on behalf of the above individuals (applicants) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for the insurance coverage requested above and as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof and as administered by the Company's authorized representative and plan administrator, International Medical Group, Inc. (IMG). The applicants understand and agree: (i) the insurance applied for is not an employee welfare benefit plan, accident & health product, health insurance, major medical, nor a health plan subject to or complying with U.S. laws, but is intended for use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) The applicants must pay premiums for the entire period of coverage in advance, and no coverage will be effective until the required premium has been paid and this application has been accepted in writing by the Company, (iii) no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) the Company relies on the accuracy, truthfulness, and completeness of the information provided herein and any misrepresentation or omission contained herein will void the insurance contract and any and all claims and benefits thereunder will be forfeited and waived, (v) by submission of this application and/or any future claim for benefits. The applicants purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any legal proceeding relating to the insurance will be in Marion County, Indiana, for which the applicants hereby consent. The applicants consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the insurance contract. **ACKNOWLEDGEMENT**. The applicants understand and agree that: (i) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of applicants and IMG acts in fulfillment of its contractual duties to the Company and on behalf of the Company, (ii) the insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at anytime during the three (3) years prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage under the insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicants, the Company or IMG to be resident, located, or expressly to be performed in any particular jurisdiction, and (iv) the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract and IMG has no direct or independent liability under any insurance contract. **AUTHORIZATION FOR RELEASE OF INFORMATION**. The applicants authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to them or on their behalf, has any records or knowledge of their health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of them, and any non-medical information about me, to disclose their entire medical record, file, history, medications, and any other information concerning them and to give any and all such information to their agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries. **CERTIFICATION**. The applicants hereby certify, represent and warrant that : (i) they have read the foregoing statements and any marketing materials and sample insurance contract which were made available upon request and prior to the application or that they have been read to them, and the applicants understand them, (ii) they are eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) they are currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which the applicants foresee may require treatment during the insurance or for which the applicants intend to claim under the insurance, and (iv) each applicant is not hospitalized, disabled, or HIV+. If signed as the legal representative of the applicant, the signer warrants their authority and capacity to so act and to bind each applicant. By acceptance of coverage and/or submission of any claim for benefits, each applicant ratifies the authority of the signer to so act and bind the applicants. **IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)**: This insurance is not subject to, and does not provide benefits required by, PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and resident-aliens to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely the applicants' responsibility to determine the insurance requirements applicable to them and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the applicants may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA. **E-CONSENT**. The applicants wish to receive information and communicate electronically, and prefer to use an e-mail address rather than regular mail. The applicants agree IMG, its affiliates, and subsidiaries may provide each insured person with any communications in electronic format, and paper communications are not required, unless and until the applicant withdraws this consent. The applicants unambiguously give consent to the transfer of personal data to entities established in a country outside the EU Member States. This consent is freely given, specific for the administration of coverage and benefits, and an informed indication of the applicants' wishes. The applicants acknowledge and understand the transfer is necessary for the performance of a contract, taken in response to their request, and necessary for the conclusion or performance of a contract concluded in their interest. The applicants also agree it is their responsibility to provide IMG with true, accurate and complete e-mail address, contact, and other information related to my coverage, and to maintain and promptly update any changes in this information. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Insured or Proxy *(Required)*	X _____
Date: ___/___/___ *(month/day/year)*	Phone:

8 PAYMENT METHOD:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ JBC ☐ Wire ☐ Check (To IMG) ☐ Money Order (To IMG) ☐ *eCheck (ACH)* *(available upon request)*

By supplying my account information, I wish to pay the premium by credit card or the designated account for each applicant requesting coverage. If the application is accepted, the credit card or designated account will be billed for the premium at the selected payment mode. By signing and submitting this form, applicant represents and warrants that he/she has the card or account holder's authorization to use the account and, if not, will take full responsibility for the payment and any charges accruing to it. By submitting the signed application, I agree to pay via my credit card or applicable account the premium amount owed and have read and agree to all terms, conditions, and other statements in this application.

Card #:	Expiration Date: ___/___/___ *(month/day/year)*	Cardholder Name:
Signature: *(Required)*	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		

Payment must be made for the total number of months you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

PATRIOT GROUP TRAVEL MEDICAL INSURANCE® APPLICATION

Please print legibly and complete ALL SECTIONS *(front and back)* of this application. Mail, fax or email application to:
International Medical Group, P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax +1.317.655.4505, Email: insurance@imglobal.com

1	Group Member's Name:		Date of Birth *(month/day/year)*	Government Issued ID Number	Group Member's Requested Effective Date *(month/day/year)*	Group Member's Requested Expiration Date *(month/day/year)*	Group Member's Departure Date If Different Than Group *(month/day/year)*	Monthly Rate	Daily Rate
	Country of Citizenship	Residence Country							
☐1									
☐2									
☐3									
☐4									
☐5									

Please check the box in front of the applicant's name to identify the Chaperone/Faculty Leader
(if the Chaperone Rider is selected) *(attach additional sheets, if necessary)*

Subtotal: A_____ **B**_____

☐ I allow IMG to process my personal information. I have read and understand IMG's Privacy Policy, which is available at www.imglobal.com/legal/privacy-policy, and permit IMG to use my information for marketing and member communications.

2 Premium:

_____ x _____ = _____
Subtotal **A** *(from Subtotal* **A** *above)* *# of Months* *Total* **A**

_____ x _____ = _____
Subtotal **B** *(from Subtotal* **B** *above)* *# of Days* *Total* **B**

To pay in monthly installments (please first calculate your total premium in section 6 of the application)

_____ ÷ _____ = _____ + $10.00 = $_____ *(Minimum initial payment required)*
Total Premium Number of months Billing fee Periodic payment

3 Select the coverage plan and plan options: *(Check one plan and one maximum limit option)*

Destination Country(ies): _____

☐ **Patriot America Group (Destination includes the U.S.)**

☐ $50,000 ☐ $100,000 ☐ $500,000 ☐ $1 Million

☐ **Patriot International Group (Destination excludes the U.S.)**

☐ $50,000 ☐ $100,000 ☐ $500,000 ☐ $1 Million ☐ $2 Million

4 Deductible option:

CIRCLE ONE:
Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 5

Deductible	$0	$100	$250	$500	$1,000	$2,500
Rate Factor	1.25	1.10	1.00	.90	.80	.70

5 Plan Premium:

BASE PLAN

(A) Monthly premium total *(from Total A in Section 2)*	_____
(B) Daily premium total *(from Total B in Section 2)*	+_____
A + B =	=_____
Deductible rate factor *(see Section 4)*	x_____
(C) Base Premium	=_____

ADDITIONAL COVERAGE OPTIONS

Adventure Sports Rider *(enter .20 if applicable)*	_____
Chaperone Rider *(enter .10 if applicable)*	+_____
(D) Total Rider Factor(s)	=_____

TOTAL PREMIUM

Enter the amount from **(C)**	_____
Enter the amount from **(D)** to the right of **1.**	x 1._____ =_____
$20 optional express mail	+_____
TOTAL AMOUNT DUE	=_____

Beneficiaries (see Certificate Wording for Beneficiary designation)
In the event of an insured's accidental death and/or common carrier accidental death, beneficiaries will be as follows:
1) Spouse (if any) - Primary 2) Children (if any) - First contingent 3) Estate of the insured - Second contingent

APPLICATION FORM CONTINUED ON BACK

6	**Sponsoring Organization:**			
Mailing Address:	City:		State:	Postal Code:
Responsible Officer Contact Name:		Government Issued ID Number:		
Send confirmation of coverage and communications to the following email:				Phone Number:

☐ **Mail option:** *I do not mind the delays associated with receiving the initial communication via regular mail. I prefer to receive a paper copy of the coverage verification letter and insurance contract.*

If the address provided is in Florida, is the group currently located in Florida? ☐ Yes ☐ No

(Determines applicable surplus lines tax and will not affect coverage)

Requested Effective Date: ___/___/___ *(month/day/year)*	Earliest Date of Departure: ___/___/___ *(month/day/year)*
	Requested Expiration Date: ___/___/___ *(month/day/year)*

Purpose of Trip & Program:

7 Payment Method:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ JBC ☐ Wire ☐ Check (To IMG) ☐ Money Order (To IMG) ☐ *eCheck (ACH)* *(available upon request)*

By supplying my account information, Sponsor wishes to pay the premium by credit card or the designated account for each applicant requesting coverage. If the application is accepted, the credit card or designated account will be billed for the premium at the selected payment mode. By signing and submitting this form, Sponsor represents and warrants that it has the card or account holder's authorization to use the account and, if not, will take full responsibility for the payment and any charges accruing to it. By submitting the signed application, Sponsor agrees to pay via my credit card or applicable account the premium amount owed and have read and agree to all terms, conditions, and other statements in this application.

Card #:	Expiration Date: ___/___/___ *month/day/year)*	Cardholder Name:
Signature: *(Required)*	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		

Payment must be made for the total number of months you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

Subscription. The undersigned on behalf of the Sponsor or Organization and the above individuals (collectively "applicants") represents and warrants it is the authorized agent of the applicants and hereby applies and subscribes, for and on behalf of each individual listed on the application form, to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for the insurance coverage requested above and as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized representative and plan administrator, International Medical Group, Inc. (IMG). The applicants, understand and agree: (I) the insurance applied for is not an employee welfare benefit plan, accident & health product, health insurance, major medical, nor a health plan subject to or complying with U.S. laws, but is intended for use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (II) the applicants must pay premiums for the entire period of coverage in advance, and no coverage will be effective until the required premium has been paid and this application has been accepted in writing by the Company, (III) no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (IV) the Company relies on the accuracy, truthfulness and completeness of the information provided herein and any misrepresentation or omission contained herein will void the insurance contract and any and all claims and benefits thereunder will be forfeited and waived, (V) by submission of this application and/or any future claim for benefits, the applicants purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, the contract of insurance represented by the Master Policy and evidenced by the Certificate(s) of Insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any legal proceeding relating to the insurance will be in Marion County, Indiana, for which the applicants consent. The applicants consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the insurance contract. **Acknowledgment.** The applicants understand and agree that: (I) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the applicants and IMG acts in fulfillment of its contractual duties to the Company and on behalf of the Company, (II) the insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three (3) years prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage under the insurance, (III) the subjects of insurance applied for are not intended or considered by the applicants, the Company or IMG to be resident, located, or expressly to be performed in any particular jurisdiction, and (IV) the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract and IMG has no direct or independent liability under any insurance contract. **Authorization for Release of Information.** The applicants authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to them or on their behalf, has any records or knowledge of their health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of them, and any non-medical information about them, to disclose their entire medical record, file, history, medications, and any other information concerning them and to give any and all such information to their agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries. **Certification.** The applicants hereby certify, represent and warrant that: (i) they have read the foregoing statements, and any marketing materials and sample insurance contract which were made available upon request and prior to the application or that they have been read to them, and the applicants understand them, (ii) they are eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) they are currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition the applicants foresee may require treatment during the insurance or for which the applicants intend to claim under the insurance, and (iv) each applicant is not hospitalized, disabled, or HIV+. If signed as the legal representative of the applicant, the signer warrants his/her authority and capacity to so act and to bind the applicants. By acceptance of coverage and/or submission of any claim for benefits, each applicant ratifies the authority of the signer to so act and bind that applicant. **The applicants** represent and warrant that under the insurance offered to the applicants, participation in the program is completely voluntary; the sole functions of the Sponsor with respect to the insurance is, without endorsing the program, to permit the insurer to publicize the program to applicants, to collect premiums and to remit them to the insurer; and the Sponsor receives no consideration in the form of cash or otherwise in connection with the insurance. The Sponsor acknowledges it must and agrees it will disclose certain material, including reports, statements, notices, and other documents, to applicants, beneficiaries and other specified individuals including but not limited to furnishing certain material to all applicants covered under the insurance contract and beneficiaries receiving benefits under the insurance contract at stated times or if certain events occur; furnishing certain material to applicants and beneficiaries upon their request; and making certain material available to applicants and beneficiaries for inspection at reasonable times and places. The Sponsor represents and warrants it will use measures reasonably calculated to ensure actual, prompt receipt of the material by applicants, beneficiaries and other specified individuals. **Patient Protection and Affordable Care Act (PPACA).** Sponsor has informed all participants that they, and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. The applicants understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals, and resident aliens to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so, (iii) eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA, and (iv) the applicants understand that it is solely their responsibility to determine if PPACA is applicable to them, and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the applicants may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA. The Sponsor hereby arranges for insurance to be offered to the applicants, the applicants have voluntarily authorized this action in writing, and the applicants were also given the opportunity to make other arrangements to obtain insurance. These authorizations are kept on file by the Sponsor and will be made available to the Company upon request. **E-Consent.** The applicants wish to receive information and communicate electronically, and prefer to use email rather than regular mail. The applicants agree IMG, its affiliates, and subsidiaries may provide the recipient with any communications in electronic format, and paper communications are not required, unless and until the applicant withdraws this consent. The applicants unambiguously give consent to the transfer of personal data to entities established in a country outside the EU Member States. This consent is freely given, specific for the administration of coverage and benefits, and an informed indication of the applicants' wishes. The applicants acknowledge and understand the transfer is necessary for the performance of a contract, taken in response to their request, and necessary for the conclusion or performance of a contract concluded in their interest. The applicants also agree it is their responsibility to provide IMG with true, accurate and complete e-mail address, contact, and other information related to the coverage, and to maintain and promptly update any changes in this information. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Responsible Officer *X*_____	Date: ___/___/___ *(month/day/year)*

IMG Producer Use Only

Producer Number: 453104	Name: Expat Health Center		
Email: info@travelinsurancecenter.com	Phone Number: (866) 979-6753		
Address: 8420 W. DODGE ROAD, SUITE 510	City: OMAHA	State: NE	Postal Code: 68114