



**Plan Administrator**  
International Medical Group®, Inc.  
P.O. Box 88509

2960 North Meridian Street  
Indianapolis, IN 46208-0509 USA

For marketing questions, please call 1.866.368.3724  
For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500  
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 Visitors Care®,  
IMG acts as the authorized agent for and on behalf of  
Sirius International.



**Plan Underwriter**

Visitors Care is a surplus lines product underwritten by Sirius  
International Insurance Corporation (publ), rated A (excellent) by  
A.M. Best and A- by Standard & Poor's (at the time of printing).  
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**CONTACT INFORMATION**

**Producer Contact Information:**

# Visitors Care®

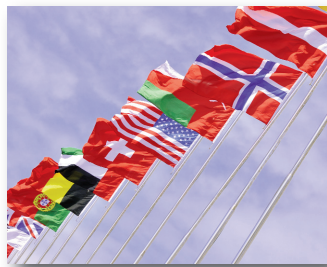
*Travel medical insurance for non-U.S. citizens  
traveling outside of their home country*



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## Why Consider Travel Insurance?

Traveling abroad can be an exciting experience. But what would happen if you or one of your family members became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical emergency.



Most travelers assume they will be covered by their standard medical plan. The truth is, 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 - and that of your family - at risk.

What if you are injured or become ill during your trip? Could you get quality treatment at an unfamiliar hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby? Who do you call? Imagine trying to call your insurance company or plan administrator at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed Visitors Care® to provide you and your family Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical security.

## Why Visitors Care?

Visitors Care offers a broad package of scheduled benefits for individuals traveling and/or temporarily residing outside their home country for a minimum of five days. There are nine separate options based on deductible levels and maximum limits. Simply select the option that best fits your needs.

Additionally, the Visitors Care plan offers excellent benefits and services to meet your global needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment. You also may seek treatment with the hospital or doctor of your choice - you are not required to use a preferred provider network. However, if you need assistance, you have access to more than 17,000 providers through our International Provider Access<sup>SM</sup> (IPA) when seeking treatment outside the U.S. When seeking treatment in the U.S., you may use the independent Preferred Provider Organization to assist you in locating providers.

## A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our products are too. Our full-service approach to providing international medical insurance products includes servicing vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence. To meet all of these needs, we have developed a comprehensive range of major medical, life, dental and disability products that can be tailored to meet individual specifications.

But providing insurance products - no matter how comprehensive - is not enough. It's how we administer your benefits and support your international needs that sets us apart. Since 1990, we've served more than a million people around the globe with customer service that's second to none. We provide on-site medical staff who are available 24 hours a day for emergencies, multilingual customer service professionals and dedicated claims administrators who process tens of thousands of claims each year from all over the world. We maintain IMG Europe Ltd. to provide the same world-class services abroad, with the added benefits of similar time zones and swift postal delivery. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.



*IMG World Headquarters, Indianapolis, Indiana*

The Visitors Care plan is renewable (unless there is a break in coverage) for a total of up to two years. However, any one policy period may not exceed 12 months. Renewal periods can be for a minimum of 5 days up to 12 months. For each renewal, you will be charged a fee of \$5 in addition to the premium costs.

After 24 months of continuous coverage, the Visitors Care plan can be rewritten for succeeding or subsequent periods. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions will apply and a new application must also be completed.

The plan offers benefit maximums of \$25,000, \$50,000 or \$100,000 for the life of the plan, and a choice of deductibles of \$0, \$50, or \$100 applied per period of coverage. When you incur eligible medical expenses, the plan will provide benefits for Usual, Reasonable and Customary charges up to the limits outlined in the Schedule of Benefits below. The four benefits and optional rider below apply to all three plans.

### INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	<b>Plan A:</b> Up to \$25,000 <b>Plan B &amp; C:</b> Up to \$50,000
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The plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility in life-threatening situations, and expenses for reasonable travel and accommodations resulting from the evacuation. These must be approved and coordinated in advance.

Return of Mortal Remains	Up to \$7,500 when coordinated through IMG
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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 \$7,500.

*To be eligible for the Evacuation and Return benefits, these must be recommended by the attending physician in life-threatening medical conditions, and approved in advance and coordinated by IMG.*

### SPECIAL COVERAGES

Home Country Coverage	As described below
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**Incidental Home Country Coverage** - During the period of coverage, an insured person may return to his/her home country for incidental visits up to a cumulative two weeks total, and retain continuing coverage during such visit(s), so long as: **1)** The insured person must have previously left his/her home country for some portion of the period of coverage, and **2)** The return to the home country must not be undertaken for the purpose of receiving treatment for an illness or injury incurred while traveling or residing outside the home country.

Common Carrier Accidental Death	\$25,000 to Beneficiary
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If accidental death should occur while traveling on a commercial common carrier during the period of coverage, \$25,000 will be paid to the designated beneficiary.

### OPTIONAL PRE-EXISTING CONDITION RIDER

	Age	Benefit Amount
Heart Care Plus Rider	0 - 69	Up to \$5,000
	70 +	Up to \$2,500

In the event an insured person experiences a Stroke or Myocardial Infarction (Heart Attack) while the certificate is in force, and the condition is deemed to be pre-existing, the plan will cover those expenses associated with said condition up to a maximum of \$5,000 for ages 0 - 69 and up to \$2,500 for ages 70+.

## SCHEDULE OF BENEFITS

*All coverages, benefits and premium amounts shown in this booklet are in U.S. dollars.*

### MEDICAL BENEFITS PLAN A - \$25,000 MAXIMUM BENEFIT PER LIFE OF PLAN

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

#### Inpatient Treatment

Hospital Room and Board	Up to \$825 per day, 30 day maximum per period of coverage
Intensive Care	Additional \$400 per day, 8 day maximum per period of coverage
Surgical treatment	\$2,000 per surgical session
Consult physician	\$350 per period of coverage
Pre-admission tests	\$750 per period of coverage
Private duty nurse	\$400 per period of coverage
Physician visits	\$40 allowable charge per visit, 30 visits per period of coverage

#### Outpatient Treatment

Surgical treatment	\$2,000 per surgical session
Diagnostic x-ray & lab	\$650 per period of coverage, (\$325 allowable charge per procedure)
Hospital emergency room	75% of URC to \$200
Prescription drugs	\$150 per period of coverage
Physician visits	\$50 allowable charge per visit, 10 visits per period of coverage

#### Miscellaneous Inpatient & Outpatient Treatment

Anesthetist	25% of surgical benefit
Assistant surgeon	25% of surgical benefit

#### Other Coverages

Ambulance	\$250 per period of coverage
Dental for accident to sound natural teeth	\$350 per period of coverage
Physiotherapy	\$25 per visit per day, 12 visits per period of coverage

**MEDICAL BENEFITS PLAN B -  
\$50,000 MAXIMUM BENEFIT PER LIFE OF PLAN**

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

**Inpatient Treatment**

Hospital Room and Board	Up to \$1,400 per day, 30 day maximum per period of coverage
Intensive Care	Additional \$660 per day, 8 day maximum per period of coverage
Surgical treatment	\$3,300 per surgical session
Consult physician	\$450 per period of coverage
Pre-admission tests	\$1,100 per period of coverage
Private duty nurse	\$550 per period of coverage
Physician visits	\$55 allowable charge per visit, 30 visits per period of coverage

**Outpatient Treatment**

Surgical treatment	\$3,300 per surgical session
Diagnostic x-ray & lab	\$800 per period of coverage, (\$400 allowable charge per procedure)
Hospital emergency room	75% of URC to \$330
Prescription drugs	\$250 per period of coverage
Physician visits	\$55 allowable charge per visit, 10 visits per period of coverage

**Miscellaneous Inpatient & Outpatient Treatment**

Anesthetist	25% of surgical benefit
Assistant surgeon	25% of surgical benefit

**Other Coverages**

Ambulance	\$450 per period of coverage
Dental for accident to sound natural teeth	\$550 per period of coverage
Physiotherapy	\$40 per visit per day, 12 visits per period of coverage

**MEDICAL BENEFITS PLAN C -  
\$100,000 MAXIMUM BENEFIT PER LIFE OF PLAN**

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

**Inpatient Treatment**

Hospital Room and Board	Up to \$1,950 per day, 30 day maximum per period of coverage
Intensive Care	Additional \$850 per day, 8 day maximum per period of coverage
Surgical treatment	\$5,500 per surgical session
Consult physician	\$500 per period of coverage
Pre-admission tests	\$1,100 per period of coverage
Private duty nurse	\$550 per period of coverage
Physician visits	\$85 allowable charge per visit, 30 visits per period of coverage

**Outpatient Treatment**

Surgical treatment	\$5,500 per surgical session
Diagnostic x-ray & lab	\$950 per period of coverage, (\$475 allowable charge per procedure)
Hospital emergency room	75% of URC to \$550
Prescription drugs	\$250 per period of coverage
Physician visits	\$85 allowable charge per visit, 10 visits per period of coverage

**Miscellaneous Inpatient & Outpatient Treatment**

Anesthetist	25% of surgical benefit
Assistant surgeon	25% of surgical benefit

**Other Coverages**

Ambulance	\$450 per period of coverage
Dental for accident to sound natural teeth	\$550 per period of coverage
Physiotherapy	\$40 per visit per day, 12 visits per period of coverage

## RATES AND PLAN INFORMATION

### PLAN A - \$25,000 MAXIMUM BENEFIT PER LIFE OF PLAN

Age	Option 1 - \$0 deductible per period of coverage		Option 2 - \$50 deductible per period of coverage		Option 3 - \$100 deductible per period of coverage	
	One Month	Daily	One Month	Daily	One Month	Daily
2 weeks - 29	\$23	\$.77	\$19	\$.64	\$17	\$.57
30 - 39	\$26	\$.87	\$22	\$.74	\$19	\$.64
40 - 49	\$27	\$.90	\$23	\$.77	\$20	\$.67
50 - 59	\$38	\$1.27	\$31	\$1.04	\$29	\$.97
60 - 69	\$47	\$1.57	\$39	\$1.30	\$36	\$1.20
70 - 79	NA	NA	\$61	\$2.04	\$58	\$1.94
80+*	NA	NA	\$122	\$4.07	\$116	\$3.87
Dependent child	\$21	\$.70	\$17	\$.57	\$16	\$.54

\*The maximum amount of coverage for applicants who are 80 years of age or older is \$10,000.

### PLAN B - \$50,000 MAXIMUM BENEFIT PER LIFE OF PLAN

Age	Option 4 - \$0 deductible per period of coverage		Option 5 - \$50 deductible per period of coverage		Option 6 - \$100 deductible per period of coverage	
	One Month	Daily	One Month	Daily	One Month	Daily
2 weeks - 29	\$34	\$1.14	\$29	\$.97	\$26	\$.87
30 - 39	\$40	\$1.34	\$34	\$1.14	\$31	\$1.04
40 - 49	\$41	\$1.37	\$35	\$1.17	\$32	\$1.07
50 - 59	\$57	\$1.90	\$49	\$1.64	\$44	\$1.47
60 - 69	\$71	\$2.37	\$59	\$1.97	\$55	\$1.84
70 - 79	NA	NA	\$91	\$3.04	\$86	\$2.87
Dependent child	\$31	\$1.04	\$26	\$.87	\$23	\$.77

### PLAN C - \$100,000 MAXIMUM BENEFIT PER LIFE OF PLAN

Age	Option 7 - \$0 deductible per period of coverage		Option 8 - \$50 deductible per period of coverage		Option 9 - \$100 deductible per period of coverage	
	One Month	Daily	One Month	Daily	One Month	Daily
2 weeks - 29	\$50	\$1.67	\$41	\$1.37	\$38	\$1.27
30 - 39	\$55	\$1.84	\$46	\$1.54	\$43	\$1.44
40 - 49	\$56	\$1.87	\$47	\$1.57	\$44	\$1.47
50 - 59	\$79	\$2.64	\$65	\$2.17	\$60	\$2.00
60 - 69	\$104	\$3.47	\$87	\$2.90	\$85	\$2.84
70 - 79	NA	NA	\$136	\$4.54	\$132	\$4.40
Dependent child	\$44	\$1.47	\$37	\$1.24	\$34	\$1.14

All premium rates are effective through 6/1/12. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

## CONDITIONS OF COVERAGE

**1)** Coverage and benefits are subject to the applicable deductible and scheduled limits and sub-limits, and all other terms, conditions and exclusions of the Visitors Care plan as contained in the complete Certificate Wording. **2)** Coverage under the plan is secondary to any other available coverage or benefits. **3)** Coverage and benefits are for medically necessary, and usual, reasonable and customary charges only. **4)** Treatment must be administered or ordered by a physician. **5)** Charges must be incurred during the Period of Coverage. **6)** Claims must be presented to IMG for payment within the Period of Coverage or during the three months immediately following the Period of Coverage.

### ELIGIBILITY

The following conditions (among others) apply to all persons applying for and/or enrolling in the Visitors Care plan:

- Visitors Care is travel insurance for non-U.S. citizens traveling outside their home country.
- For those over age 65 and visiting the U.S., your initial Period of Coverage must begin within 30 days of arrival in the U.S. This requirement will be waived with proof of previous valid insurance. Please provide the name of your insurance carrier on the Application Form. If you are not in the U.S. at the time of application, please indicate your expected date of arrival on your Application Form.

### RENEWAL OF COVERAGE

The Visitors Care plan is renewable (unless there is a break in coverage) for a total of up to two years. However, any one policy period may not exceed 12 months. Renewal periods can be for a minimum of 5 days up to 12 months. For each renewal, you will be charged a fee of \$5 in addition to the premium costs. For initial periods of coverage which have expired, the plan can be separately rewritten but not renewed. New Eligibility Requirements, Deductibles, Scheduled Benefit Limits, Conditions of Coverage, and Pre-existing Condition Exclusions will apply to any separately rewritten and non-continuous coverage periods.

### QUALITY GUARANTEE

Your satisfaction is very important to IMG. If you are not pleased with this product for any reason, you may submit a written request, prior to your effective date, for cancellation and refund of your premium. In order to be considered for a full refund, your request for cancellation must be received by IMG prior to your effective date. If you do not have any claims filed with IMG, you may cancel your plan after your effective date, however, the following conditions will apply: **1)** you will be required to pay a \$25 cancellation fee and **2)** your refund will be pro-rated based on the amount of time remaining in your period of coverage. If you have filed claims, your premium is non-refundable.

## ENROLLMENT PROCESS & APPLICATION FORM

You should read the following important information prior to completing the Application Form.

### HOW TO ENROLL

Before you begin your travel, simply fill out the Application Form (including your selection of Option 1 through 9) and calculate the premium for the time period you and your family will be traveling. Once you have completed the Application Form, return it to your agent, mail it to IMG or fax it to IMG (1.317.655.4505). You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Application Form and for whom premiums have been paid will be covered under the terms of the Visitors Care plan from the **latest** of the following dates: **1)** The date IMG receives your completed Application Form and the appropriate premium; **2)** the date you depart from your home country; or **3)** the date requested on your Application Form.

Visitors Care coverage ends on the **earliest** of the following dates: **1)** The end of the period for which premium has been paid; **2)** the date requested on your Application Form; or **3)** the date you return to your home country (however, see Special Coverages, Home Country Coverage on page 3).

### ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card, 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.*

### ONLINE FULFILLMENT KIT

For your convenience, you may choose to download your fulfillment kit from the IMG website rather than having it mailed to you. To do this, you must check the appropriate box on the Application Form. We **must** have your correct email address to complete this process. Once IMG has received and processed your Application Form, you will receive an email from IMG that contains all of the hyperlinks to obtain the fulfillment information through the Internet.

## CLAIMS PROCEDURE

### PRECERTIFICATION

Each proposed hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, 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%. It is important to note that Precertification is only a determination of medically necessity, not an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, and customary eligible guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

**For Precertification, emergency evacuation and repatriation, please call:** IMG in the US: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the US: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

**Note:** An insured person may begin the Precertification process through MyIMG or the Client Resources section of our website, [www.imglobal.com](http://www.imglobal.com). Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within two business days. 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 the Visitors Care plan are subject to the provisions described in this brochure and as contained in the Certificate Wording and certificate of coverage. To make claims processing efficient, claims may be paid in two ways:

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

**Please mail completed claim forms to** International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. 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).

## EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are expressly excluded from coverage under the Visitors Care plan:

1. **Pre-existing Conditions.** Any Injury, Illness, sickness, disease, or other physical or medical disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the three years prior to the Effective Date of the Initial Period of Coverage, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. **Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
3. **War, political insurrection,** protest, or any act thereof.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as otherwise expressly provided for in the Certificate Wording.
6. **Venereal disease, AIDS virus,** AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured Person 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. **Any Injury or Illness sustained** while taking part in mountaineering activities where specialized climbing equipment, ropes or guides are normally or reasonably should have been used, Amateur Athletics or professional athletics, aviation (except when traveling solely as a passenger in a commercial aircraft), hang gliding and parachuting, snow skiing except for recreational downhill and/or cross country snow skiing (no cover provided whilst skiing in violation of applicable laws, rules or regulations; away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body), racing of any kind including by horse, motor vehicle (of any type) or motorcycle, spelunking, and subaqua pursuits involving underwater breathing apparatus.
9. **Vision or ear tests** and the provision of visual or hearing aids.
10. **Vocational, recreational,** speech or music therapy.
11. **Charges incurred for** custodial care, educational or rehabilitative care, or nursing services.
12. **Charges, injuries and/or** illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the Insured Person, including without limitation, 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 of 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 under the Visitors Care plan.
17. **Any services or supplies** performed or provided by a relative of the Insured Person or provided at no cost to the Insured Person.
18. **Treatment for mental** and nervous disorders.
19. **Organ or tissue transplants,** and all related services.
20. **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 Visitors Care benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. The Visitors Care plan is amended, modified or replaced from time to time, and 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.*

**APPLICATION FORM Applicant information: Please print legibly and complete ALL SECTIONS of this application.**

**Visitors Care®**

(Circle one) Mr. Mrs. Ms.  Male  Female  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Government Issued ID Number \_\_\_\_\_ Issuing Country \_\_\_\_\_ Home Country \_\_\_\_\_  
 Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Destination Country \_\_\_\_\_ *Please indicate beneficiaries for the common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.*

**Send Confirmation of Coverage and Fulfillment Kit to:**  I will use the Online Fulfillment Kit Option (see page 9 for details)  
 Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 If the address above is in Florida, is the applicant currently located in Florida?  Yes  No *(Determines applicable surplus lines tax and will not affect coverage)*

**Calculating your premium. Select the coverage plan, plan option and whether you would like the optional rider.**

<b>Plan A:</b> <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<b>Plan B:</b> <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6	<b>Plan C:</b> <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9	<input type="checkbox"/> Optional Rider
<b>Requested Effective Date</b> (see How to Enroll Section): ____/____/____ month/day/year		<b>Date of Arrival in USA:</b> ____/____/____ month/day/year	
<b>Date of Departure:</b> ____/____/____ month/day/year		<b>Date of Return to your Home Country:</b> ____/____/____ month/day/year	
<input type="checkbox"/> <b>Applicants over age 65:</b> Current Carrier (see page 8 for details): Date of arrival in the U.S.: _____ <b>OR</b> Expiration date of current coverage: _____			

Names of Persons to be insured:	Date of Birth (month/day/year) REQUIRED	Age	Monthly Rate*	# of months	Daily Rate*	# of days
Applicant _____	____/____/____	_____	X = _____	_____	X = _____	_____
Spouse _____	____/____/____	_____	X = _____	_____	X = _____	_____
Child _____	____/____/____	_____	X = _____	_____	X = _____	_____
Child _____	____/____/____	_____	X = _____	_____	X = _____	_____

Please attach additional sheet for more children

**SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Visitors Care as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until 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) by submission of this application and/or any future claim for benefits I (we) 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, and invoke the benefits and protections of its laws, and 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 court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under the Certificate of Insurance issued to me (us).

**ACKNOWLEDGEMENT** I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for 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 during the three years prior to the effective date and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

**MEDICAL RELEASE** I (we) hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

**CERTIFICATION** I (we) hereby certify, represent and warrant that: (i) I (we) have read the foregoing statements and the brochure or that they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) I am (we 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 I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind applicant.

**Signature of Insured or Proxy** \_\_\_\_\_  
 Date \_\_\_\_\_ Place \_\_\_\_\_

<b>Total (A)</b>	<b>Total (B)</b>
(A) total monthly premium (from Total (A) above) + _____ = _____	(B) total daily premium (from Total (B) above) x 1.29 = _____
_____ + _____ = _____	<b>Total Premium</b> _____
	\$20.00 Optional Express, Fax Confirmation or Special Correspondence

Payment must be made for the total number of months you want coverage. Refund of premium will be made only if a written request is received by IMG as explained in the "Quality Guarantee" section on page 8. All payments must be made in US dollars and drawn on US banks.

**Payment Method**  Check (To IMG)  Money Order (To IMG)  Wire  Mastercard  Visa  American Express  Discover  JCB eCheck (ACH) available online

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card# \_\_\_\_\_ Exp. date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Your Daytime Phone \_\_\_\_\_  
 Your Billing Address \_\_\_\_\_

IMG Producer Use Only	
Producer# _____	GA# _____
Name _____	
Address _____	
City _____	Phone: _____
State _____	Zip Code _____