



INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
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As the Plan Administrator for Passport Protection PlusSM, IMG acts as the authorized agent for and on behalf of Sirius International.



Plan Underwriter

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INTERNATIONAL MEDICAL GROUP

Passport Protection PlusSM

Medical insurance for international travelers



PROTECTION INTERNATIONALSM
Renewable short-term medical insurance for U.S. citizens traveling abroad

PROTECTION AMERICASM
Renewable short-term medical insurance for non-U.S. citizens traveling abroad

The uncertainties of travel

As an international traveler, you know that traveling abroad can be an exciting experience. But you also know that the unexpected could happen. What would happen if you or one of your family members became ill or injured while away from home?

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans may offer adequate domestic coverage, they may not be designed for international travel. Without even realizing it, you may be putting your health - and that of your family - at risk.

You have enough things to worry about when you're traveling. Don't let your medical coverage be one of them. International Medical Group® (IMG®) has developed two Passport Protection PlusSM plans to provide you and your family Coverage Without Boundaries®. Each plan offers a complete package of international benefits and 24 hour availability. Simply select the one that best fits your needs.

In addition to providing a wide range of benefits, these plans also offer you flexibility. Your travel schedule can change unexpectedly and you need coverage that can adapt to those changes. With Passport Protection Plus, you have the option of extending or cancelling your coverage as necessary. You can renew your coverage for as little as five days or as long as 12 months. You can also cancel your coverage as outlined in the plan.



The experienced plan administrator



IMG World Headquarters, Indianapolis, Indiana

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 ensure that your medical needs are met. We process as many as 100,000 claims each year from countries throughout the world, and can confidently handle virtually any language or currency.

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. Our customer service is routinely rated among the highest in the industry. You can rest assured that IMG will be there for you, whether it be for routine treatment or during a medical emergency.

IMG gives you worldwide coverage experience, impeccable service and international expertise. Don't leave your medical care to chance. Let IMG reduce the uncertainties of international travel for you and your family.

SCHEDULE OF BENEFITS

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 As described below

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 As described below

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.

INTERNATIONAL EMERGENCY CARE

Emergency Evacuation Up to Policy Maximum when coordinated through the Plan Administrator

Each plan includes coverage for Emergency Medical Evacuations 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.

Emergency Reunion Up to US\$15,000 when coordinated through the Plan Administrator

Each 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.

SCHEDULE OF BENEFITS

Return of Mortal Remains

Up to US\$25,000 when coordinated through the Plan Administrator

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

Up to US\$5,000 when coordinated through the Plan Administrator

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 plans will pay up to US\$5,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

PLAN INFORMATION

Deductible

Your choice of US\$0, \$100, \$250, \$500, \$1,000 or \$2,500

On the Application Form, you will be asked to circle your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

Coinsurance

As described below

For treatment received outside the U.S. & Canada: No coinsurance

If elected and proper premium paid for buy-up option: The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum.

For treatment received within the U.S. & Canada: The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

For treatment received within the US from a provider outside the PPO network: The plan pays 70% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum; please see page 12 for more information on the Preferred Provider Organization Network

Benefit Period

Six months

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.

SCHEDULE OF BENEFITS

SPECIAL COVERAGES

Home Country Coverage

As described below

Incidental Home Country Coverage - During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their home country, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

End of Trip Home Country Coverage - For every 5 months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of two months. To purchase this special home country extension coverage, please check the appropriate box on the Application Form, and calculate your premium to include the additional month(s).

Trip Interruption

Up to US\$5,000

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, each plan will pay to return the insured to the area of principal residence. The plan will pay 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

Up to US\$50 per item of personal property; maximum of US\$250 per Period of Coverage

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.

Common Carrier Accidental Death

US\$50,000 to Beneficiary; maximum of US\$250,000 per family

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.

Sports & Activities Coverage

Up to Policy Maximum for basic sports as described below

Each 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,

SCHEDULE OF BENEFITS

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.

Optional Leisure or Extreme Sports Riders: Please see page 10 for more information.

Accidental Death & Dismemberment

US\$25,000 principal sum

Each 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 two Members - principal sum; • Accidental Loss of one Member - 50% of principal sum. "Member" means hand, foot or eye. For more information, see the Conditions of Coverage section on page 14.

Terrorism Coverage

Up to US\$50,000 lifetime maximum

Each plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. 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. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is defined as 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. However, this benefit does not cover an act of Terrorism in any 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 also 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

Up to US\$500 per Period of Coverage

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 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.

NON-US CITIZENS COVERAGE FROM 5 DAYS TO 3 YEARS

Protection AmericaSM provides coverage for non-US citizens traveling outside their home country for a minimum of 5 days up to a maximum of 3 years. Protection America is renewable (without break in coverage) for 5 days up to 12 months per renewal for a total of up to 3 years. For each renewal of less than one month, you will be charged a fee of US\$5 in addition to the premium costs. An insured person must only satisfy one deductible and coinsurance within each yearly coverage period. If you or other family members applying for coverage are age 65 or older, please see the Eligibility section on page 16 for additional information.

Details on optional riders can be found on page 10, and more information on calculating your rates can be found on page 17.

All premium rates are in US dollars and are effective through

ble. 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.

ONE MONTH RATES (four Policy Maximum options)

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	One Month	One Month	One Month	One Month
18-29	\$50	\$58	\$74	\$85
30-39	\$64	\$76	\$96	\$109
40-49	\$96	\$108	\$143	\$159
50-59	\$135	\$165	\$199	\$229
60-64	\$159	\$197	\$235	\$280
65-69	\$185	\$235	\$260	\$305
70-79	\$249	N/A	N/A	N/A
80+*	\$432	N/A	N/A	N/A
Dep. Child	\$29	\$33	\$41	\$45
Child Alone	\$45	\$53	\$67	\$75

*US\$15,000 Maximum

DAILY RATES (MINIMUM COVERAGE IS 5 DAYS)

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	Daily	Daily	Daily	Daily
18-29	\$1.70	\$1.95	\$2.50	\$2.85
30-39	\$2.15	\$2.55	\$3.20	\$3.65
40-49	\$3.20	\$3.60	\$4.80	\$5.30
50-59	\$4.50	\$5.50	\$6.65	\$7.65
60-64	\$5.30	\$6.60	\$7.85	\$9.35
65-69	\$6.15	\$7.85	\$8.70	\$10.20
70-79	\$8.30	N/A	N/A	N/A
80+*	\$14.40	N/A	N/A	N/A
Dep. Child	\$1.00	\$1.10	\$1.40	\$1.50
Child Alone	\$1.50	\$1.80	\$2.25	\$2.50

*US\$15,000 Maximum

*The maximum amount of coverage for applicants who are 80 years of age or older is US\$15,000. 7

US CITIZENS COVERAGE FROM 5 DAYS TO 3 YEARS

Protection InternationalSM provides coverage for US citizens traveling outside the U.S. for a minimum of 5 days up to a maximum of 3 years. Protection International is renewable (without break in coverage) for 5 days up to 12 months per renewal for a total of up to 3 years. For each renewal of less than one month, you will be charged a fee of US\$5 in addition to the premium costs. An insured person must only satisfy one deductible and coinsurance within each yearly coverage period. If you or other family members applying for coverage are age 65 or older, please see the Eligibility section on page 16 for additional information.

In addition to the benefits listed on pages 3 through 6, Protection International for US citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

Sudden Recurrence of a Pre-existing Condition - Up to US\$15,000 will be paid for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside of the US. In addition, up to US\$25,000 will be paid for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a Pre-existing Condition. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 12.

Indemnity - Under the Protection International plan, US\$100 will be paid directly to the insured person for each night of a required and covered overnight stay in a hospital.

All premium rates are in US dollars and are effective through

ble. 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.

Rates are listed on next page.

OPTIONAL RIDERS

ONE MONTH RATES (five Policy Maximum options)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	One Month	One Month	One Month	One Month	One Month
18-29	\$37	\$43	\$49	\$55	\$61
30-39	\$43	\$49	\$65	\$71	\$81
40-49	\$67	\$75	\$83	\$91	\$111
50-59	\$107	\$123	\$137	\$153	\$171
60-64	\$123	\$145	\$171	\$201	\$225
65-69	\$145	\$155	\$177	\$211	\$271
70-79	\$211	N/A	N/A	N/A	N/A
80+*	\$428	N/A	N/A	N/A	N/A
Dep. Child	\$21	\$27	\$31	\$33	\$39
Child Alone	\$37	\$41	\$47	\$51	\$59

*US\$15,000 Maximum

DAILY RATES (MINIMUM COVERAGE IS 5 DAYS)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	Daily	Daily	Daily	Daily	Daily
18-29	\$1.25	\$1.45	\$1.65	\$1.85	\$2.05
30-39	\$1.45	\$1.65	\$2.15	\$2.40	\$2.70
40-49	\$2.25	\$2.50	\$2.75	\$3.00	\$3.70
50-59	\$3.60	\$4.10	\$4.55	\$5.15	\$5.70
60-64	\$4.10	\$4.85	\$5.70	\$6.70	\$7.50
65-69	\$4.85	\$5.15	\$5.90	\$7.05	\$9.05
70-79	\$7.05	N/A	N/A	N/A	N/A
80+*	\$14.25	N/A	N/A	N/A	N/A
Dep. Child	\$.70	\$.90	\$1.00	\$1.10	\$1.30
Child Alone	\$1.25	\$1.35	\$1.55	\$1.70	\$2.00

*US\$15,000 Maximum

*The maximum amount of coverage for applicants who are 80 years of age or older is US\$15,000.

Details on optional riders can be found on page 10, and more information on calculating your rates can be found on page 17.

Leisure Sports Rider

The Leisure Sports Rider **is available on both plans** and adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For premium information, please see the back of the Application Form.

Extreme Sports Rider

The Extreme Sports Rider **is available on both plans** and adds up to 12 months of coverage for those under the age of 49. This rider provides up to US\$50,000 lifetime maximum for the following activities: abseiling, BMX, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, kayaking, inline skating, mountain biking, mountaineering (ropes and guides to 4500m from ground level), paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level)), skydiving, spelunking, whitewater rafting (to Class V). These extreme activities must be engaged in solely for leisure, recreation, or entertainment purposes.

Monthly Rates

Available in monthly increments up to a maximum of 12 months

U.S. Citizen	Non-U.S. Citizen
US\$30	US\$45

Patriot T.R.I.P. LiteSM

Trip cancellation coverage is also available for your trip. With this plan, the loss of pre-paid, non-refundable, and unused payments may be recovered when a trip is cancelled due to: illness, injury or death to you, a family member or travel companion; bankruptcy or financial default; a terrorist incident; jury duty; home made uninhabitable by fire, wind, storm, flood, or vandalism; quarantine; auto accident on way to airport; job termination; cancelled leave for active duty military, police or fire fighters. The benefits are outlined below and premium information can be found on the back of the Application Form.

Benefits	Maximum benefit per insured person
Trip cancellation	Trip cost up to US\$20,000
Travel delay	Up to US\$500
Baggage delay	Up to US\$100

More optional riders are listed on the next page.

MORE OPTIONAL RIDERS

Protection Return Rider

The Return Rider is **only available to non-U.S. citizens who have purchased Protection America**. When purchased at the time of application, Protection Return provides temporary medical coverage for non-U.S. citizens returning to their home country. The insured person must be outside his/her home country at time of application. For premium information, please see the back of the Application Form.

Enhanced AD&D Rider

This optional coverage is available for the primary insured person only. This coverage is in addition to the Accidental Death and Dismemberment already included in the plans. Coverage must be purchased for a minimum of three months.

Monthly Rates - coverage must be purchased for a minimum of three months

Up to US\$100,000 additional coverage	US\$8
Up to US\$200,000 additional coverage	US\$16
Up to US\$300,000 additional coverage	US\$24
Up to US\$400,000 additional coverage	US\$32

Universal RX Pharmacy Discount Savings Plan*



This is a value added program available to certificate holders of the Passport Protection PlusSM plans. It is accepted at over 35,000 chain pharmacies in the U.S and is made available and administered by Universal Rx. Once activated with Universal Rx, the card allows members to purchase prescriptions at the lowest available cost.

**This plan does not guarantee that the prescribed medication is covered under the benefit plan, claims must be submitted to IMG for claim determination*

PLAN INFORMATION

QUALITY GUARANTEE

Your satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, you are 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, 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 US\$25 cancellation fee and 2) only full month premiums will be considered for refunds (e.g., if you choose to cancel your coverage two months and two weeks prior to the date your coverage ends, IMG will only consider the two full months for a refund). If you have filed claims, your premium is non-refundable.

LOCATING A PROVIDER

With Passport Protection Plus, 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.). If you choose to use a provider outside of this network, the plan pays 70% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum.

IMG also provides an on-line International Provider Access 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 on-line. These terms must be agreed to prior to using the service.) You may access these services by visiting our website.

EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under these plans.

1. Pre-existing Conditions. 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 during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, 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, military action, terrorism, political insurrection, protest, or any act thereof.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
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 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,

(Exclusions continued on next page)

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 or arising 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 under the certificate.
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. Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
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 Passport Protection Plus benefits, conditions, limitations and exclusions. A certificate containing the complete Policy Wording with all terms, conditions and exclusions will be included with the fulfillment kit. IMG reserves the right to issue the most current Policy 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 Policy Wordings are available upon request.

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%. Precertification is not an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

For precertification, emergency evacuation, and return of mortal remains, please call: IMG in the U.S.: 1-800-628-4664 (toll free) or 1-317-655-4500. Call IMG outside the U.S.: 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 at IMG's website. Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to provide the required information, which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of the email, and once we have received the request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 2 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 these plans are subject to the provisions described in this brochure and as contained in the Policy Wording and certificate of coverage. 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, 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: 317-655-4505

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under these plans is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE

1. All Conditions and Exclusions apply to these coverages.
2. All Emergency Medical Evacuation, Emergency Reunion, and Return of Mortal Remains expenses, including all costs arising from trips outside the country where the incident which gave rise to the claim occurred, must be approved and coordinated in advance by IMG to be eligible for coverage.

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 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 insurance agent or broker, and/or mail it to IMG.

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 from the **latest** of the following dates:

- 1) the date IMG receives your completed Application Form and the appropriate premium (for non-U.S. citizens, the date following such receipt);
- 2) the date you depart from your home country; or
- 3) the date requested on your Application Form.

Passport Protection Plus 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 Home Country Coverage on page 5 for incidental coverage).

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 an insurance certificate containing a complete outline of the Policy Wording. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in Passport Protection Plus.

- Passport Protection Plus is travel insurance for U.S. citizens traveling outside the United States and 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.

EXTENSION OF COVERAGE

The Protection America and Protection International plans must be purchased for a minimum initial period of 5 days, and is renewable (without break in coverage) for 5 days up to 12 months per renewal for a total of up to 3 years. For each renewal of less than one month, you will be charged a fee of US\$5 in addition to the premium costs. An insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

ONLINE FULFILLMENT KIT

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 listed in Section 2 of 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.

International Provider Access

IMG provides an on-line International Provider Access database that can be used to locate health care providers outside the U.S. as needed. The database can be found at our web site. (Note: Use of this service is subject to the terms and conditions specified on-line. These terms must be agreed to prior to using the service.)



IMG IS YOUR CLEAR CHOICE FOR TRAVEL MEDICAL INSURANCE

EASY ACCESS

- ✓ IMG may be reached via phone, fax, email, or Live Help, an online customer chat service available at www.imglobal.com in the "Current Clients" section
- ✓ Free calls to IMG from anywhere in the world
- ✓ Internet services - insured members can search for a health care services provider; print plan descriptions; and initiate precertification

EMERGENCY ASSISTANCE

- ✓ International emergency assistance, including medical evacuation
- ✓ 24-hour availability for emergency services, medical evacuation and precertification
- ✓ On-site, executive medical director/physician and registered nurses

CLAIMS SERVICES

- ✓ Multilingual claim adjudication and customer service
- ✓ Claim inquiries, status of claim information and reimbursement options available by phone, fax and email
- ✓ Experienced international currency conversion
- ✓ Claim reimbursement directly to provider or insured via check, direct deposit to U.S. bank account, or electronic transfer to international account

IMG OFFERS A WIDE RANGE OF INTERNATIONAL MEDICAL INSURANCE PRODUCTS!

- ☐ **Patriot Travel Medical Insurance®**
Travel medical insurance for individuals or families traveling outside their home country
- ☐ **Patriot Group Travel Medical Insurance®**
Travel medical insurance for groups of 5 or more traveling outside their home country
- ☐ **Patriot Executive®/Patriot Executive Group**
Travel medical insurance for those who travel frequently throughout the year on trips lasting 30 days or less
- ☐ **Patriot ExtremeSM**
Travel medical insurance for those traveling abroad who also intend to participate in a select group of athletic activities and/or extreme sports
- ☐ **Global Medical Insurance®**
Comprehensive, long-term, individual/family coverage for US citizens living or traveling outside the US for at least 6 months of the year and non-US citizens worldwide
- ☐ **GEOSM Group**
Comprehensive, long-term coverage for multinational employers with 2 or more employees outside the US; group benefits include medical, dental, and life
- ☐ **Patriot T.R.I.P.SM**
Coverage to help recover non-refundable, unused payments and deposits when a trip is cancelled or interrupted for a variety of reasons; benefits are also provided for travel delays, baggage delays, and emergency medical treatment while away from home

Patriot T.R.I.P. is underwritten and offered where available by Sirius America Insurance Company and NOVA Casualty Company, the program manager is iTravelInsured, and the claims administrator is International Medical Group through its subsidiary International Medical AdministratorsSM.

1. Primary applicant information: Passport Protection Plus *Please print legibly and complete ALL SECTIONS (front and back) of this application.* Male Female

Last Name _____ First Name _____ Middle _____
 Passport Number, SSN, or Driver's License _____ Issuing Country _____
 Home Country _____ Destination Country(ies) _____

Please indicate beneficiaries for the accidental death and common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.

Beneficiary for Applicant _____ Relationship to Applicant _____
 Beneficiary for Spouse/Children _____ Relationship to Spouse/Children _____

2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:
OR I will use the Online Fulfillment Kit Option (see page 14 for details-an email address is required)

Name _____ E-mail _____
 Address, City, State, Country, Postal Code _____

3. Select the coverage plan and plan option. (Check one plan and one option):

Protection America for non-US citizens
 Option Number: 1__ 2__ 3__ 4__
 Applicants over age 65 (see page 16 for details)
 Current Carrier _____
 Date of arrival in the U.S. _____ **OR**
 Expiration date of current coverage _____

Protection International for US citizens
 Option Number: 5__ 6__ 7__ 8__ 9__

4. 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 = _____
					Total (A)	Total (B)

Please attach additional sheet for more children
 *use applicable monthly and daily rates (see pages 6 and 8)

5. (month / day / year)
 Requested effective date (see How to Enroll, page 15): __/__/__
 Date of departure from your Home Country: __/__/__
 Date of return to Home Country: __/__/__
 Home Country Coverage (if applicable, enter number of extra coverage months here ____; see page 5 for details)

6. CIRCLE ONE
 Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7

Deductible	Rate Factor
US\$0	1.25
US\$100	1.10
US\$250	1.00
US\$500	.90
US\$1000	.80
US\$2500	.70

Application Form continued on back

7. (A) Monthly premium total
(from Total (A) in Section 4) _____

(B) Daily premium total
(from Total (B) in Section 4) + _____

= _____

Deductible rate factor
(see Section 6) X _____

Base premium = _____

Coinsurance buy-up X **1.05** _____

(C) Total- enter in space below = _____

Leisure Sports Rider
enter .20 if applicable + _____

Protection Return Rider
enter .05 if applicable + _____

(D) Total Rider factor
go to space below and place = _____
this factor to the right of the 1.

Patriot T.R.I.P. Lite
To purchase this option, please complete the following calculation:
_____ ÷ 100 = _____ X 4.52 = _____
Total cost of trip (E)
for all travelers
Enter (E) in the space below

Extreme Sports Rider - To purchase this option, please complete the following calculation:
_____ X _____ X _____ = _____
Number of travelers Number of months Rate (F)
who require this rider from page10
Enter (F) in space below

Enhanced AD&D Rider - To purchase this option, please complete the following calculation:
_____ X _____ = _____
Number of months Rate from page 11 (G)
Enter (G) in space below

(C) Enter the amount from C _____

(D) Enter the amount D from
above to the right of the 1. X **1.** _____

= _____

(E) Enter the amount from E + _____

(F) Enter the amount from F + _____

(G) Enter the amount from G + _____

US\$20 *optional* express mail + _____

TOTAL PREMIUM DUE = _____

Selling Producer Use Only

Producer# _____

GA# _____

Name _____

Address _____

City, State, Zip _____

Phone: _____

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.

8. SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Passport Protection Plus 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 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 agent and 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.

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 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, (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.

X Signature of Insured or Proxy _____

Date _____ Phone _____

9. Payment Method Check (To IMG) Money Order (To IMG)

MasterCard Visa American Express

Discover JCB

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# _____ Expiration date _____

Name on Card _____

Signature _____

Your Daytime Phone _____

Your Billing Address _____
