

Applicant information: Sky RescueSM Please print legibly and complete ALL SECTIONS of this application.

(Circle one) Mr. Mrs. Ms. Male Female

Last Name _____ First Name _____ Middle _____

Government Issued ID Number _____ **Country of Citizenship** _____

Home Country _____ Destination Country _____

Beneficiaries

In the event of an insured's death, his/her beneficiaries will be as follows: **1) Spouse (if any) - Primary 2) Children (if any) - First contingent 3) Estate of the insured - Second contingent**

Send Confirmation of Coverage and Fulfillment Kit to: **I will use the Online Fulfillment Kit Option (see page 6 for details)**

Name _____ Email _____

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)

Names of Persons to be insured:

Date of Birth
(month/day/year)
REQUIRED

Age

(month / day / year)

Applicant _____ /____/____ _____

Requested effective date
(see How to Enroll, page 6)

____/____/____

Spouse _____ /____/____ _____

Date of departure from
your Home Country

____/____/____

Child _____ /____/____ _____

Date of return to
your Home Country

____/____/____

Child _____ /____/____ _____

Please attach additional sheet for more children

Calculating Your Premium:

Circle the coverage plan and plan option and continue to next page:

A) Sky Rescue

Single: 3 months (\$76) 6 months (\$95) 12 months(\$168)

Couple: 3 months (\$101) 6 months (\$127) 12 months (\$224)

Family: 3 months (\$126) 6 months (\$157) 12 months (\$280)

B) Optional Enhanced AD&D*

Up to \$100,000: 3 months (\$38) 6 months (\$48) 12 months (\$60)

Up to \$200,000: 3 months (\$76) 6 months (\$96) 12 months (\$120)

Up to \$300,000: 3 months (\$114) 6 months (\$144) 12 months (\$180)

Up to \$400,000: 3 months (\$152) 6 months (\$192) 12 months (\$240)

***The Optional Enhanced AD&D is in addition to the \$100,000 Accidental Death and Dismemberment included in the plan**

(A) Sky Rescue Premium from previous page	_____
(B) Enhanced AD&D Premium from previous page	+ _____
Total Premium	= _____
\$20 <i>optional</i> express mail	+ _____
TOTAL AMOUNT DUE	= _____

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 Sky Rescue 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). Indiana law shall govern all rights and claims raised under this Certificate of Insurance. 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, website, or other producer, if any, involved with respect to the solicitation of this application is acting solely as my legal agent and representative and is representing my personal interests, and that such person has no authority to bind or speak for, and is not acting as the legal agent or representative of, the Company or IMG, (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.

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

0410

X Signature of Insured or Proxy (Required) _____
Date _____ Phone _____

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 5. All payments must be made in U.S. dollars and drawn on U.S. banks.

<p>Payment Method <input type="checkbox"/> Check (To IMG) <input type="checkbox"/> Money Order (To IMG) <input type="checkbox"/> Wire <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB</p> <p>eCheck (ACH) available online</p> <p><i>If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Amount. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.</i></p> <p>Card# _____ Exp. date _____ Name on Card _____</p> <p>Signature _____ Your Daytime Phone _____</p> <p>Your Billing Address _____</p>
--