



INTERNATIONAL MEDICAL GROUP

**Plan Administrator**

International Medical Group®, Inc.  
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**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). Sirius International is a White Mountains Re company.

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**CONTACT INFORMATION**

**Producer Contact Information:**

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INTERNATIONAL MEDICAL GROUP



# Visitors Care®

Travel medical insurance for  
individuals traveling outside  
their home country



## The uncertainties of travel

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 things to worry about when you're traveling. Don't let your medical coverage be one of them. International Medical Group® (IMG®) has developed Visitors Care® to provide you and your family Coverage Without Boundaries®. This plan offers a broad package of international scheduled benefits under nine separate options based on deductible levels and maximum limits. Simply select the option that best fits your needs.

## 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 around-the-clock coverage services to individuals and families in more than 170 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 insurance 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

The Visitors Care plan provides scheduled coverage for individuals traveling and/or temporarily residing outside their home country for a minimum of 5 days. The plan is renewable (without break in coverage) for 5 days up to 12 months up to a maximum total of 24 continuous months. However, any one policy period may not exceed 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, with no coinsurance. The four benefits below apply to all three plans.

### INTERNATIONAL EMERGENCY CARE

|                             |   |
|-----------------------------|---|
| <b>Emergency Evacuation</b> | <b>To \$50,000 when coordinated through IMG</b> <i>(not to exceed plan maximum)</i> |
|-----------------------------|---|

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, which must be approved and coordinated in advance.

|                                 |  |
|---------------------------------|--|
| <b>Return of Mortal Remains</b> | <b>To \$7,500 when coordinated through IMG</b> |
|---------------------------------|--|

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.

### SPECIAL COVERAGES

|                              |                           |
|------------------------------|---------------------------|
| <b>Home Country Coverage</b> | <b>As described below</b> |
|------------------------------|---------------------------|

**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: **a.** The insured person must have previously left his/her home country for some portion of the period of coverage, and **b.** 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.

|  |                                |
|--|--------------------------------|
| <b>Common Carrier Accidental Death</b> | <b>\$25,000 to Beneficiary</b> |
|--|--------------------------------|

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.

### MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible where applicable

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

#### Plan A - \$25,000 maximum benefit per life of plan

| <u><b>Inpatient Treatment</b></u> |   |
|-----------------------------------|---|
| Hospital room & 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 |

| <u><b>Outpatient Treatment</b></u> |  |
|------------------------------------|--|
| 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    |

| <u><b>Miscellaneous Inpatient &amp; Outpatient Services</b></u> |                         |
|---|-------------------------|
| Anesthetist   | 25% of surgical benefit |
| Assistant surgeon   | 25% of surgical benefit |

| <u><b>Other Coverages</b></u>              |  |
|--|--|
| 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 |

The period of coverage is the period of time for which premium has been timely paid. At each renewal, a new period of coverage will begin.

## SCHEDULE OF BENEFITS

### MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible where applicable

#### Plan B - \$50,000 maximum benefit per life of plan

| <u>Inpatient Treatment</u>                               |  |
|--|--|
| Hospital room & 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    |
| <u>Outpatient Treatment</u>                              |  |
| 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    |
| <u>Miscellaneous Inpatient &amp; Outpatient Services</u> |  |
| Anesthetist  | 25% of surgical benefit  |
| Assistant surgeon  | 25% of surgical benefit  |
| <u>Other Coverages</u>                                   |  |
| 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             |

The period of coverage is the period of time for which premium has been timely paid. At each renewal, a new period of coverage will begin.

### MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible where applicable

#### Plan C - \$100,000 maximum benefit per life of plan

| <u>Inpatient Treatment</u>                               |   |
|--|---|
| Hospital room & 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   |
| <u>Outpatient Treatment</u>                              |   |
| 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   |
| <u>Miscellaneous Inpatient &amp; Outpatient Services</u> |   |
| Anesthetist  | 25% of surgical benefit   |
| Assistant surgeon  | 25% of surgical benefit   |
| <u>Other Coverages</u>                                   |   |
| 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            |

The period of coverage is the period of time for which premium has been timely paid. At each renewal, a new period of coverage will begin.

## RATES AND PLAN INFORMATION

### Plan A - \$25,000 maximum benefit per life of plan

|                 | Option 1<br>\$0 deductible per<br>period of<br>coverage | Option 2<br>\$50 deductible per<br>period of<br>coverage | Option 3<br>\$100 deductible<br>per period of<br>coverage |
|-----------------|---|--|---|
| Age             | One Month   | One Month  | One Month   |
| 2 weeks - 49    | \$31  | \$26   | \$23  |
| 50 - 69         | \$47  | \$39   | \$36  |
| 70 - 79         | N/A   | \$61   | \$58  |
| 80 + *          | N/A   | \$122  | \$116   |
| Dependent child | \$24  | \$20   | \$18  |
|                 | Daily   | Daily  | Daily   |
| 2 weeks - 49    | \$1.04  | \$0.87   | \$0.77  |
| 50 - 69         | \$1.57  | \$1.30   | \$1.20  |
| 70 - 79         | N/A   | \$2.03   | \$1.93  |
| 80 + *          | N/A   | \$4.10   | \$3.90  |
| Dependent child | \$0.80  | \$0.67   | \$0.60  |

\*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

|                 | Option 4<br>\$0 deductible per<br>period of<br>coverage | Option 5<br>\$50 deductible per<br>period of<br>coverage | Option 6<br>\$100 deductible<br>per period of<br>coverage |
|-----------------|---|--|---|
| Age             | One Month   | One Month  | One Month   |
| 2 weeks - 49    | \$47  | \$39   | \$36  |
| 50 - 69         | \$71  | \$59   | \$55  |
| 70 - 79         | N/A   | \$91   | \$86  |
| Dependent child | \$36  | \$30   | \$28  |
|                 | Daily   | Daily  | Daily   |
| 2 weeks - 49    | \$1.56  | \$1.30   | \$1.20  |
| 50 - 69         | \$2.36  | \$1.97   | \$1.83  |
| 70 - 79         | N/A   | \$3.05   | \$2.90  |
| Dependent child | \$1.20  | \$1.00   | \$0.93  |

### Plan C - \$100,000 maximum benefit per life of plan

|                 | Option 7<br>\$0 deductible per<br>period of<br>coverage | Option 8<br>\$50 deductible per<br>period of<br>coverage | Option 9<br>\$100 deductible<br>per period of<br>coverage |
|-----------------|---|--|---|
| Age             | One Month   | One Month  | One Month   |
| 2 weeks - 49    | \$70  | \$58   | \$54  |
| 50 - 69         | \$104   | \$87   | \$85  |
| 70 - 79         | N/A   | \$136  | \$132   |
| Dependent child | \$59  | \$49   | \$45  |
|                 | Daily   | Daily  | Daily   |
| 2 weeks - 49    | \$2.33  | \$1.93   | \$1.83  |
| 50 - 69         | \$3.47  | \$2.90   | \$2.83  |
| 70 - 79         | N/A   | \$4.55   | \$4.40  |
| Dependent child | \$1.97  | \$1.63   | \$1.50  |

All premium rates are effective through 03/31/10. 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.

## ENROLLMENT PROCESS & APPLICATION FORM

Please complete the Application Form on the reverse side. You should read the important information below prior to completing this 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, mail it to us fax it to us at

(972.767.4470). 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 Incidental Home Country Coverage on page 3 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 Certificate Wording. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

### 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.

## EXTENSION OF COVERAGE

The Visitors Care plan is renewable (without break in coverage) for 5 days up to 12 months up to a maximum total of 24 continuous months. However, any one policy period may not exceed 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 and the plan underwriter. 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. 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.

## 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 medical necessity, not an assurance of coverage, 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 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 Current Clients section of our website, [www.inglobal.com](http://www.inglobal.com). Simply look for the Initiate 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 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 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: 317-655-4505

### 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 Policy 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.

## 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 Repatriation 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.

## PLAN INFORMATION

### EXCLUSIONS

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

1. **A Pre-existing Condition** is defined as 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 Policy 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).

*PLEASE NOTE: This brochure contains only a consolidated and summary description of all current Visitors Care benefits, conditions, limitations and exclusions. A certificate of insurance containing the complete Certificate Wording with all terms, conditions, limits and exclusions will be included in the fulfillment kit. Please review the Certificate Wording carefully upon receipt and contact us if you have any questions concerning available coverages or benefits. The plan underwriter reserves the right to amend or modify the Certificate Wording, and issue the most current Certificate Wording for the Visitors Care plan, in the event an Application Form and/or this brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.*

### LOCATING A PROVIDER

*With the Visitors Care plan you 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 in finding a provider in the U.S., you may use the independent Preferred Provider Organization (PPO), a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG.

IMG also provides its International Provider Access (IPA) database online 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, [www.insubuy.com](http://www.insubuy.com).)*

### 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 easily obtain the fulfillment information through the Internet.

**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 \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Home Country \_\_\_\_\_  
 Destination Country \_\_\_\_\_

**Beneficiaries**

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**

**Send Confirmation of Coverage and Fulfillment Kit to:**  I will use the Online Fulfillment Kit Option (see page 12 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 and plan option:

**Visitors Care** Plan A: \_\_\_Option 1 \_\_\_Option 2 \_\_\_Option 3  
 Plan B: \_\_\_Option 4 \_\_\_Option 5 \_\_\_Option 6  
 Plan C: \_\_\_Option 7 \_\_\_Option 8 \_\_\_Option 9

**Applicants over age 65**  
 Current Carrier \_\_\_\_\_  
 (see page 8 for details)  
 Date of arrival in the U.S. \_\_\_\_\_ **OR**  
 Expiration date of current coverage \_\_\_\_\_

**Names of Persons to be insured:**

|                 | Date of Birth<br>(month/day/year)<br>REQUIRED | Age | Monthly Rate* | # of months | Daily Rate* | # of days |
|-----------------|---|-----|---------------|-------------|-------------|-----------|
| Applicant _____ | ___/___/___                                   | ___ | X             | =           | X           | =         |
| Spouse _____    | ___/___/___                                   | ___ | X             | =           | X           | =         |
| Child _____     | ___/___/___                                   | ___ | X             | =           | X           | =         |
| Child _____     | ___/___/___                                   | ___ | X             | =           | X           | =         |

**Requested Effective Date** (see How to Enroll section): \_\_\_/\_\_\_/\_\_\_  
 Date of Departure: \_\_\_/\_\_\_/\_\_\_  
 Date of Arrival in USA: \_\_\_/\_\_\_/\_\_\_  
 Date of Return to Home Country: \_\_\_/\_\_\_/\_\_\_

Please attach additional sheet for more children

|  |           |  |           |  |
|--|-----------|--|-----------|--|
|  | Total (A) |  | Total (B) |  |
| _____  | +         | _____  | =         | _____  |
| (A) total monthly premium (from Total (A) above) |           | (B) total daily premium (from Total (B) above) |           | \$20.00 Optional Express, Fax confirmation or Special Correspondence |

**SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, 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 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 \_\_\_\_\_

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 9. All payments must be made in US dollars and drawn on US banks.

**Payment Method**  Check (To IMG)  Money Order (To IMG)  
 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 \_\_\_\_\_

**Selling Producer Use Only**

Producer# \_\_\_\_\_ GA# 51855 \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Phone: \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_