

**GLOBAL MEDICAL
INSURANCESM
LIST BILL CENSUS**



GENERAL INFORMATION

SEND PREMIUM NOTICE TO:

Employer Name									
Street Address									
City	State								
Country	Postal Code								
Contact Person	Phone Number								
Payment Mode (premium mode must be the same for all individuals) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Monthly _____</td> <td style="text-align: center;">Quarterly _____</td> <td style="text-align: center;">Semi-annually _____</td> <td style="text-align: center;">Annually _____</td> </tr> <tr> <td style="text-align: center;">(Modal factor) (.1)</td> <td style="text-align: center;"> (.28)</td> <td style="text-align: center;"> (.55)</td> <td style="text-align: center;"> (1.0)</td> </tr> </table>		Monthly _____	Quarterly _____	Semi-annually _____	Annually _____	(Modal factor) (.1)	(.28)	(.55)	(1.0)
Monthly _____	Quarterly _____	Semi-annually _____	Annually _____						
(Modal factor) (.1)	(.28)	(.55)	(1.0)						
Requested effective date (coverage does not become effective until formal acceptance has been made by IMG SM)									
Total number of applicants on list bill									
Total premium for list bill <div style="text-align: right; margin-right: 100px;">\$</div>									

Contact Person Signature _____ Date _____

Printed Name _____

Broker Signature _____

Note: The Global Medical InsuranceSM List Invoice is provided as a convenience to the above addressee. Certificates are issued on an individual basis to those applying for Global Medical Insurance.

PLEASE COMPLETE THE ATTACHED CENSUS WORKSHEET & RETURN WITH THE INDIVIDUAL APPLICATIONS AND THIS FORM.



CENSUS WORKSHEET

Name of Primary Applicant	Premium Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

****PLEASE ATTACH APPLICATION WITH THIS FORM****



GLOBAL MEDICAL INSURANCESM (GMI) LIST BILL GUIDELINES & PROCEDURES

The GMI List Bill is designed for two (2) or more GMI Individual Certificate Holders who are non-U.S. citizens, residing in the U.S. for the sole purpose of employment and their employer is responsible for the Certificate Holders' scheduled premium payment(s).

To set up a GMI List Bill, the employer must complete and send the following to International Medical GroupSM, Inc. (IMGSM):

- GMI List Bill General Information and Census Worksheet
- Signed Individual GMI applications along with an Affidavit of Eligibility
(The applicant's personal address must be provided)
- Initial premium payment

Premium mode of payment must be the same for all participants. The effective date will be the later of the effective date requested on the application or the date the application is accepted by IMG. Internet applications **will not** be accepted.

BILLING

- Invoices will be system-generated on the 25th of each month, and will identify the premium due date of each participant
- The invoice will be mailed to the employer, with a copy faxed to the agent
- Premiums are due 10 days from the receipt of the invoice

ADDITIONS TO LIST INVOICE

- Provide a completed and signed GMI application to IMG, along with an Affidavit of Eligibility and a completed List Invoice Addition Worksheet

RENEWALS

- Renewal notices will be sent directly to the Certificate Holder; a copy of the renewal notice will be sent to the Agent of Record to forward to the employer
- Renewals are not automatic; it will be the responsibility of the Certificate Holder to notify IMG of his/her intent to renew by signing and returning the renewal notice to IMG

CANCELLATIONS

- The employer shall notify IMG of any terminations
- IMG will send a lapse notice to the individual regarding past due premiums which will allow him/her to continue coverage separate from the company, subject to the receipt of premium payment
- IMG **will not** refund individual premiums; the employer will be responsible for collecting premium payments from individuals