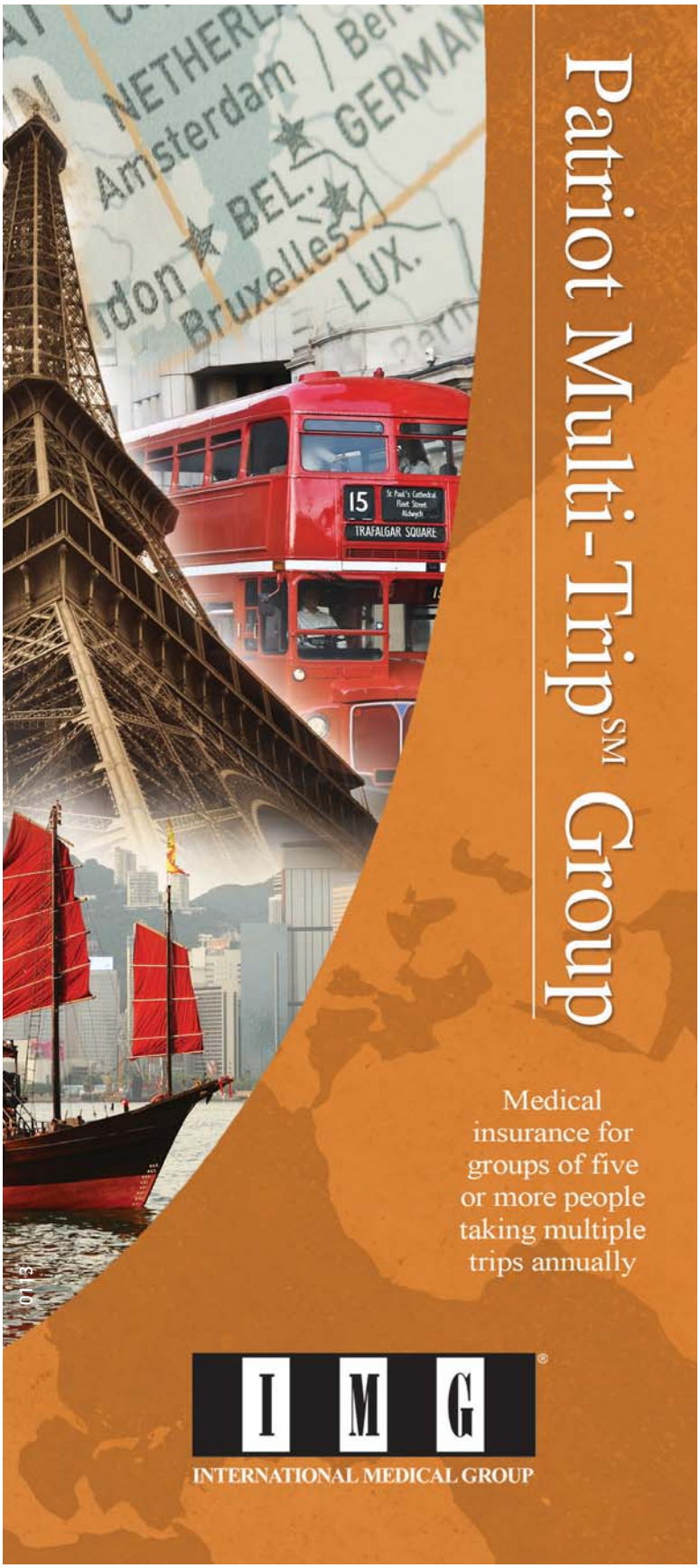

Why Consider International Travel Medical Insurance?

When your group travels frequently throughout the year, they have plenty of responsibilities. They don't need to be worried about their medical coverage while abroad. But what would happen if they became ill or injured during the trip?

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans offer adequate domestic coverage, they are not designed for international travel.

Your group has enough to worry about when they travel. Don't let their medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Multi-Trip℠ Group plans to provide you and your group Coverage Without Boundaries® so you can spend more time enjoying your international experience, and spend less time worrying about your medical coverage.

Why Patriot Multi-Trip Group?

The two Patriot Multi-Trip Group plans offer a complete package of international benefits available 24 hours a day. **Patriot Multi-Trip Group International** is a plan for U.S. citizens that provides coverage for a group of people taking multiple trips annually outside the U.S. **Patriot Multi-Trip Group America** is a plan for non-U.S. citizens that provides coverage for a group of people who take multiple trips annually outside of their home country, and/or country of citizenship. Both plans offer coverage for the group members, their spouses and/or children for each trip taken outside their home country, and/or country of citizenship, during a period of up 12 months with renewability up to three years, in accordance with the terms of the Certificate of Insurance.

Additionally, the plans offer excellent benefits and services to meet your global needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment. You also have access to more than 17,000 providers through our International Provider Access℠ (IPA) when seeking treatment outside the U.S. You can also reduce your out-of-pocket costs when seeking treatment in the U.S. by locating providers through the independent Preferred Provider Organization.

A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the assistance you need no matter where you are. Our goal is to provide you Coverage Without Boundaries. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel medical insurance needs.

Our service and support sets us apart. Since 1990, we've served more than a million people around the globe - always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're there with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

PLAN INFORMATION & HIGHLIGHTS

Maximum Limit	$1,000,000
Maximum Limit for travelers age 70-75	$50,000
Individual Deductible	$250 per each covered illness
Coinsurance - for treatment received outside the U.S. & Canada	No Coinsurance
Coinsurance - for treatment received within the U.S. & Canada	In the PPO Network - The plan pays 90% of eligible expenses up to $5,000, then 100% up to the Maximum Limit Out of the PPO Network - The plan pays 80% of eligible expenses up to $5,000, then 100% up to the Maximum Limit
Benefit Period	$5,000 for a maximum of 30 days with proof of current medical insurance
My*IMG*℠	24 hour secure access from anywhere in the world to manage your account at anytime
World-class Medical Benefits	Coverage available for in-patient and out-patient medical expenses
International Emergency Care	A wide range of international emergency benefits available including emergency evacuation, emergency reunion, return of mortal remains, return of minor children and more

SCHEDULE OF BENEFITS

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

MEDICAL BENEFITS

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

Hospital Room and Board	Up to the Maximum Limit for average semi-private room rate
Intensive Care	Up to the Maximum Limit
Medical Expenses	Up to the Maximum Limit
Out-patient Medical Expenses	Up to the Maximum Limit
Local Ambulance	Up to the Maximum Limit
Emergency Room Accident	Up to the Maximum Limit
Emergency Room Illness with In-patient Admission	Up to the Maximum Limit
Emergency Room Illness without In-patient Admission	Up to the Maximum Limit with additional $250 deductible
Dental - Injury Due to Accident	Up to the Maximum Limit
Dental - Sudden Dental Emergency	Up to $100
Hospital Daily Indemnity *(for U.S. citizens only)*	Up to $100 per night up to a maximum of 10 days

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator.

Emergency Medical Evacuation	Up to the Maximum Limit
Emergency Reunion	Up to $50,000
Return of Mortal Remains	Up to $50,000
Return of Minor Children	Up to $50,000
Political Evacuation	Up to $10,000
Identity Theft Assistance	Up to $500 per Period of Coverage

ADDITIONAL BENEFITS

Terrorism	Up to $50,000 lifetime maximum
Sports & Activities Coverage	Up to the Maximum Limit for basic sports
Sudden and Unexpected Recurrence of a Pre-existing Condition - Medical	Up to $5,000 per Period of Coverage
Sudden and Unexpected Recurrence of a Pre-existing Condition - Emergency Medical Evacuation	Up to $25,000 of eligible costs and expenses
Trip Interruption	Up to $5,000

ADDITIONAL BENEFITS *CONTINUED*

Common Carrier Accidental Death	$50,000 to beneficiary; maximum of $250,000 per family
Accidental Death & Dismemberment	$25,000 principle sum
Lost Luggage	Up to $50 per item of luggage; maximum of $250

OPTIONAL RIDER

Applies to all individuals listed on the Application Form.

	Age	Lifetime Maximum
Adventure Sports Rider *(available to insureds up to age 65)*	0-49	$50,000
	50-59	$30,000
	60-64	$15,000

The benefits and rider listed on pages 3 and 4 are a summary only. Please see pages 7-11 for a list of descriptions.

PLAN AND RIDER RATES

PATRIOT MULTI-TRIP GROUP INTERNATIONAL

(For U.S. citizens. Rates are through age 75)*

Maximum Trip Duration	30 Days Per Trip	45 Days Per Trip
Annual Premium	$180	$220
Spouse and two children	$90	$110
Each additional child	$36	$44

PATRIOT MULTI-TRIP GROUP AMERICA

(For non-U.S. citizens. Rates are through age 75)*

Maximum Trip Duration	30 Days Per Trip	45 Days Per Trip
Annual Premium	$255	$315
Spouse and two children	$130	$160
Each additional child	$51	$63

****The plan pays a Maximum Limit of $50,000 for travelers who are 70-75 years old.***

ADVENTURE SPORTS RIDER *(Available on both plans)*

Premium per covered insured *(annual rate)*	$85

All premium rates are effective as of 1/1/2013. IMG reserves the right to issue the most current rates in the event these expire, are modified or replaced with a newer version. Rates include surplus lines tax where applicable. If you would like information on mid-year additions' rates, please contact IMG.

CONDITIONS OF COVERAGE

1. The Period of Coverage is for one year from the effective date of the Certificate of Coverage. **2.** Coverage and benefits are subject to the applicable deductible, coinsurance and the other terms and conditions contained in the complete Certificate of Insurance and Master Policy. **3.** Coverage under the Patriot Multi-Trip Group plan is secondary to any other coverage or contractual benefits. **4.** Coverage and benefits are for medically necessary, usual, reasonable and customary charges only. Benefits under the plan are available only for injuries and illnesses for which treatment is first obtained during the first 30 or 45 days of each trip based upon the plan chosen. **5.** Charges must be administered or ordered by a physician. **6.** Charges must be incurred during the Period of Coverage. **7.** Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

ELIGIBILITY

- **(U.S. citizens)** As a member of the sponsoring organization, you, your spouse and children are eligible for Patriot Multi-Trip Group International while traveling outside the United States if you: **1.** are under the age of 76, **2.** must currently have a domestic health insurance policy (either individual or group) and maintain this domestic coverage the entire time while covered under Patriot Multi-Trip Group plan, and **3.** travel outside the United States frequently throughout the year.
- **(Non-U.S. citizens)** As a member of the sponsoring organization, you, your spouse and children are eligible for Patriot Multi-Trip Group America while traveling outside your home country if you: **1.** are under the age of 76, **2.** must currently have a domestic health insurance policy (either individual or group) and maintain this domestic coverage the entire time while covered under Patriot Multi-Trip Group plan, and **3.** travel outside your home country, and/or country of citizenship frequently throughout the year.

RENEWAL OF COVERAGE

The Patriot Multi-Trip Group plans may be renewed (unless there is a break in coverage) in increments of 12 months up to a maximum total of thirty-six (36) continuous months. Any one Period of Coverage may not exceed twelve (12) months. *Please note: Renewal premium rates may differ from initial rates.*

QUALITY GUARANTEE

The group's satisfaction is very important to IMG. If the sponsoring organization or group is not pleased with this product for any reason, a written request may be submitted, prior to the effective date, for cancellation and refund of premium paid.

ENROLLMENT PROCESSING & FULFILLMENT KIT

Application forms are normally processed within 24 hours of receipt. Once the application process is complete, the approved applicants can request the Company to mail a fulfillment kit to the mailing address listed on the enrollment form. The fulfillment kit will include an IMG identification card for each group member, IMG contact numbers, claim forms and your insurance certificate providing a

complete description of your coverage under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

ONLINE FULFILLMENT KIT

For convenience, you may choose to communicate electronically and download fulfillment kits from the IMG website for immediate access, rather than waiting longer for it to be mailed. To do this, you must check the appropriate box listed on the application form. We ***must*** have your correct email address to complete this process. If IMG has processed and approved 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.

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate of Insurance must be Precertified for medical necessity, which means the insured person or their attending physician must communicate with an IMG representative at the number listed on the IMG identification card ***prior*** to admission 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 or authorization of coverage, verification of benefits or a guarantee of payment. All medical expenses eligible for reimbursement must be medically necessary and will be paid or reimbursed at usual, reasonable, and customary rates. Please refer to the Certificate of Insurance for full details of the Precertification requirements.

Note: *You may begin the Precertification process through MyIMG or the Client Resources section of our website, www.imglobal.com. Simply look for the Precertification option. 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 Patriot Multi-Trip Group are subject to the terms and conditions of the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways: **1.** Eligible expenses that have been paid by or on behalf of the insured person may be reimbursed by check directly to the insured person. **2.** Eligible expenses that have not yet been paid by the insured person may, at the option of IMG, be paid either to the insured person or directly to the provider.

Claims forms can be accessed at www.imglobal.com and mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and the Certificate of Insurance will be included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: insurance@imglobal.com.

SUMMARY OF BENEFITS

The following is a summary of benefits and terms that are available to eligible insureds on the Patriot Multi-Trip Group plans.

DEDUCTIBLE:

The Deductible option is $250 per insured person for each covered illness. This deductible is waived for claims incurred as a result of a covered accident.

EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an injury or illness are covered up to the Maximum Limit.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) $250 deductible if treatment does not require admission to the hospital.

DENTAL:

Injury due to an accident - Each plan covers the cost of emergency dental treatment and dental surgical procedures necessary to restore or replace sound natural teeth lost or damaged in an accident up to the Maximum Limit. **Sudden dental emergency** - Each plan pays up to $100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

SUDDEN AND UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION:

The plans cover up to $5,000 maximum, per insured person, per period of coverage (not per trip), for the Sudden and Unexpected Recurrence of a **Pre-existing Condition** (as defined in the Certificate of Insurance). **In addition, up to $25,000 is payable** 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**.

HOSPITAL DAILY INDEMNITY:

(U.S. citizens only) Patriot Multi-Trip Group International pays $100 directly to the insured person for each night of a required overnight stay in a hospital up to a maximum of 10 days. The hospital stay must be covered under this plan in order to receive this benefit.

BENEFIT PERIOD:

If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the thirty day Benefit Period may offer continued coverage for that injury or illness. When the Certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than thirty days before the Period of Coverage expired, benefits for the covered injury or illness continues. This is subject to the $5,000 Maximum Limit, proof of current medical insurance and the other terms of the plan, until there have been thirty days of continuous coverage for the covered injury or illness.

INTERNATIONAL EMERGENCY CARE

POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, orders the evacuation of all non-emergency government personnel from the host country, due to political unrest, that becomes effective on or after the insured person's date of arrival in the host country, the Company pays up to a $10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that: **1.** The insured person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, issuance of the evacuation order; and **2.** The evacuation order pertains to persons from the same home country as the insured person; and **3.** Political Evacuation and Repatriation is approved and coordinated by the Company; In no event will the Company pay for a Political Evacuation if there is a travel warning in effect on or within six (6) months prior to the insured person's date of arrival in the host country.

EMERGENCY EVACUATION:

The Patriot Multi-Trip Group plans offer coverage for Emergency Medical Evacuation to the nearest qualified medical facility; expenses for reasonable transportation resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred. The plan pays up to the Maximum Limit for covered incidents for insured persons under age 66; and up to $50,000 for covered incidents for insured persons from ages 66 to 75.

EMERGENCY REUNION:

Each Patriot Multi-Trip Group plan also offers Emergency Reunion coverage, up to $50,000 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.

RETURN OF MORTAL REMAINS:

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 $50,000.

RETURN OF MINOR CHILDREN:

If an insured person is admitted to the hospital in-patient due to a covered illness/injury and is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Patriot Multi-Trip Group plans reimburse up to $50,000 for one way economy fare to the home country, including a chaperone, if necessary, for the safety of the child(ren).

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

SPORTS & ACTIVITIES COVERAGE:

Each Patriot Multi-Trip Group plan covers injuries incurred during athletic activities which are non-organized, non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. Some of these sports and activities include, but are not limited to, motor cycle/motorscooter riding, recreational downhill and/or cross country snow skiing, horseback riding, sub-aquatic activites (to 10m), wakeboarding, and water skiing. However, activities not covered include amateur or professional sports or other athletic activity which is organized, sponsored and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee, and/or Adventure Sports. *Please note this is only a summary of sports and activities and exclusions. For additional information, please refer to the Certificate of Insurance.*

ACCIDENTAL DEATH & DISMEMBERMENT:

Each Patriot Multi-Trip Group plan offers a $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.*

COMMON CARRIER ACCIDENTAL DEATH:

If accidental death should occur while traveling on a commercial Common Carrier, $50,000 is payable to the designated beneficiary, up to a maximum of $250,000 per family.

TRIP INTERRUPTION:

If, during a covered trip, there is an unexpected death of an immediate family member (spouse, child, parent or sibling), a break-in at the insured's principle residence, or the substantial destruction of the insured's principal residence due to a fire or natural disaster, each Patriot Multi-Trip Group plan pays to return the insured to the area of principal residence. The plan pays 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.

TERRORISM:

Each Patriot Multi-Trip Group 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 reimburses eligible medical claims subject to a $50,000 lifetime maximum. Terrorism includes criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons,

intimidate a population, or compel a government of international organization to do or to abstain from doing an act. 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 six months prior to the insured person's date of arrival. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

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 heed such warning or depart the country or location.

IDENTITY THEFT ASSISTANCE:

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 Patriot Multi-Trip Group plans provide coverage for up to $500 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.

LOST LUGGAGE:

A benefit of $50 per luggage item, up to a maximum of $250, is payable in the event that the Common Carrier permanently loses an insured person's checked luggage while in transit. This coverage is secondary to any other available reimbursement, including the Carrier's.

DESCRIPTION OF OPTIONAL RIDER

ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on both Patriot Multi-Trip Group plans for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page four as long as they are engaged solely for leisure, recreation, or entertainment purposes: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, mountaineering or rock climbing (to

elevation 4500 meters from ground level), parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, scuba diving (to 50M), skydiving, snorkeling, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity. Certain sports activities are never covered, regardless of whether or not you purchase the Adventure Sports Rider. Please see page 11, exclusion 8. *Please note this is only a summary of Adventure Sports and exclusions. For additional information, please refer to the Certificate of Insurance.*

EXCLUSIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Patriot Multi-Trip Group plans and include but are not limited to:

1. **A Pre-existing Condition** which is 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 prior thereto, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed.
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. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. **Immunizations and routine physical** exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as provided for in the Certificate of Coverage.
6. **Venereal disease, AIDS virus**, AIDS related illness, ARC Syndrome, or AIDS, 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. **Any illness or injury sustained** while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are excluded unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating (with proper use of helmet and pads), jet skiing, jungle zip lining, kayaking, mountain biking, mountaineering

or rock climbing (to elevation 4500 meters from ground level), parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, scuba diving (to 50M), skydiving, snorkeling, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity.

Injury sustained while participating in contact sports of any kind, racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above 4500 meters elevation above ground or without proper ropes or guides, luge, motocross, Moto-X, ski jumping, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class V difficulty, and/or any adventure sports activity not expressly covered hereunder are excluded regardless of which plan or rider is selected.

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 hereunder.
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 a brief summary of current Patriot Multi-Trip Group benefits, conditions, limitations and exclusions, and is subject to all of the terms and conditions of the full Certificate of Insurance. The complete Certificate of Insurance with all terms, conditions and exclusions will be included in the fulfillment kit to approved applicants. The Patriot Multi-Trip Group plans are amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Samples of current Certificate wordings are available upon request.

ADDITIONAL BENEFITS & SERVICES

My*IMG*℠

Service at your fingertips anytime, anywhere - that's what My*IMG* provides. My*IMG* is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through My*IMG* you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Get explanation of benefits
- Locate a provider
- Request ID cards
- Initiate precertification
- Obtain certificate documents
- Recommend provider/facility

Locating a Provider

With the Patriot Multi-Trip Group plans, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using 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. You can quickly search the network through My*IMG*. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider Access (IPA), a database of over 17,000 providers.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to *every* certificate holder of the Patriot Multi-Trip Group plans. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of **1.** Universal Rx contract price or **2.** the pharmacy regular retail price.

This *discount program* is not insurance coverage. It is purely a discount program to purchasers of the Patriot Multi-Trip Group plans. Use of the discount card does not guarantee that prescribed medication is covered under the Certificate of Insurance.

Akeso Care Management® (ACM®)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To help coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, a URAC accredited, on-site specialized division devoted entirely to medical care management. ACM's clinical members are experts at assessing the need for services and ensuring those services are delivered by medical providers in a timely, cost-effective manner.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to patient care which translates into better care for you - around the world, around the clock.

Group Member's Name		Date of Birth	Government Issued ID Number	Please indicate below if this person is the group member, spouse or dependent	Annual Premium
Country of Citizenship	Home Country				
1.					
2.					
3.					
4.					
5.					
6.					
(attach additional sheets if necessary - all group members, spouses and dependents seeking coverage must be listed to obtain coverage)				**Total Annual Premium:**	

Premium Calculation

_____ + ($85 x _____ *(# of family members applying)*) + _____ = _____

Total Annual Premium	Complete ***only*** if you elect the Optional Adventure Sports Rider	$20 ***optional*** express mail	**Total Amount Due**

Sponsor's Agreement - Proxy Statement

SUBSCRIPTION The Sponsoring Organization (Sponsor) hereby applies, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form, to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot Multi-Trip Group insurance coverage as offered by Sirius International Insurance Corporation ("the Company") on the date of its receipt of this application. I (we) understand and agree that: (i) the insurance applied for is not accident and sickness, medical, or health insurance, but is intended for the members' use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until the required premium has been paid and this Application has been accepted in writing by the Company or by IMG on its behalf, (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, (iv) IMG and the Company will rely on the accuracy, truthfulness, and completeness of the information provided herein, (v) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (vi) by submission of this application and/or any future claim for benefits, the Sponsor and all group members purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator and acknowledge that Indiana surplus lines law will govern the insurance relationship between/among the parties, and the contract of insurance represented by the Master Policy and evidenced by the Certificate(s) 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 the Sponsor and all group members hereby expressly consent. We consent and agree that Indiana surplus lines law shall govern all rights and claims raised under or related to the Certificate of Insurance.

ACKNOWLEDGEMENT The Sponsor acknowledges and agrees that: (i) marketing materials and certificate wordings were available prior to application upon request, (ii) the insurance producer assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) this insurance provides only limited coverage, up to US$5,000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of 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 any time prior thereto, 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 (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions or in excess of such limit are and will be excluded from coverage under this insurance, (iv) 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 (v) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided thereunder, and IMG acts solely as agent for the Company and has no direct or independent liability under the Master Policy or any Certificate of Insurance.

CERTIFICATION The Sponsor and all group members hereby certify, represent and warrant to IMG and the Company that they have read the foregoing statements and the Group Insurance brochure (or same have been read or provided to such members), and they understand them, and that each group member listed: (i) is eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (ii) is currently in good health and has not been diagnosed with, sought consultation or been treated for, and has not experienced manifestation or symptoms of and does not suffer from any pre-existing or other medical condition which he/she foresees may require treatment during this insurance or for which he/she intends to claim under this insurance, (iii) any information or documents provided prior to and after the date of the application and facts and other matters contained in the foregoing are true and accurate to the best of their knowledge and belief, and (iv) if this Application is signed as legal representative, proxy or agent of the Sponsor or any member, the signer warrants the authority and capacity to so act and bind the the Sponsor and members. By acceptance of coverage and/or submission of any claim for benefits, the Sponsor and members ratify the authority of the signer to so act and bind them.

PAYMENT Sponsor agrees to pay the required insurance premiums to IMG, as agent for the Company, on or before the due date(s). A grace period of 10 calendar days will be allowed for IMG's actual receipt of payment of each premium. If any premiums are unpaid at the end of the grace period, the insurance coverage shall lapse and terminate with respect to any group member for whom such premium is unpaid, effective as of the initial due date of the premium, whereupon the Company's liability shall cease with respect to all charges and/or claims incurred by such member(s) thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor authorizes IMG to charge/debit Sponsor's MasterCard, Visa, American Express, Discover or JCB account for the total amount of premiums due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

AUTHORIZATION FOR RELEASE OF INFORMATION The Sponsor and all group members hereby authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to on behalf of any group member, has any records or knowledge of their health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of such group members, and any non-medical information about them, to disclose the entire medical record, file, history, medications, and any other information concerning such group members and to give any and all such information to authorized representatives of International Medical Group, Inc., its affiliates, and subsidiaries ("IMG"). Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

Signature (Required)_____

Date_____ Phone_____

Application

Please print legibly and complete all sections of this application, front and back:

Sponsoring Organization Name_____

_____

Address_____

_____

City/State/Zip_____

Phone_____

Fax_____

Contact Name_____

Requested Effective Date_____

If the address above is in Florida, is the sponsoring organization located in Florida?
(Answer determines applicable surplus lines tax and will not affect coverage) ☐ Yes ☐ No

☐ **We will use the Online Fulfillment Kit Option *(an email address is required)***

Email_____

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

Applicant's Insurance Carrier & Policy Number *(Required to obtain & maintain coverage)* _____

Maximum Trip Duration *(Check One)*: ☐ **30 Days Per Trip** ☐ **45 Days Per Trip**

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

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use the card and, if not, will take full responsibility for the payment and any charges accruing to it. I agree to comply with the cardholder agreement.

Card#_____Expiration date_____

Cardholder Name_____

Signature_____

Cardholder Daytime Phone_____

Cardholder Billing Address_____

_____

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

0113

Producer Contact Information:

Plan Administrator

International Medical Group®, Inc.
P.O. Box 88509
2960 North Meridian Street
Indianapolis, IN 46208-0509 USA
For marketing questions, please call 1.866.368.3724
For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500
Fax: 1.317.655.4505
Email: insurance@imglobal.com
www.imglobal.com

As the Plan Administrator for Patriot Multi-Trip℠ Group, IMG acts as the authorized agent for and on behalf of Sirius International.

These Patriot Multi-Trip Group plans are surplus lines issued and underwritten by Sirius International Insurance Corporation (publ). Sirius International is rated A (excellent) by A.M. Best and A- by Standard & Poor's (ratings are accurate as of the date of publishing and are subject to change). Sirius International is a White Mountains Insurance Group, Ltd company.

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