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

Plan Underwriter

Patriot Adventure is a surplus lines product underwritten by Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and A- by Standard and Poor's (at the time of printing). Sirius International is a White Mountains Re company.

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Patriot Adventure℠

Medical insurance for adventure sports enthusiasts who are traveling abroad.

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Why Consider Internation Travel Medical Insurance?

Are you traveling abroad for an adventure sport activity? If so, you have probably purchased the latest equipment and picked the perfect location. But what would happen if you are injured or become ill during your trip? Do you have medical insurance that covers you in the event that you need treatment in another country? Will you be covered if you are injured as a result of your sports activity?

Most travelers assume they will be covered by their standard medical plan. In reality, traditional medical plans may offer adequate domestic coverage, but they are not designed for international travel and usually exclude hazardous sports activities.

Could you get quality treatment at a foreign hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby?

You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Adventure℠ plans to provide you Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical coverage.

Why Patriot Adventure℠

The two Patriot Adventure plans offer a complete package of international benefits available 24 hours a day. **Patriot Adventure International℠** provides coverage for U.S. citizens traveling outside the U.S., while **Patriot Adventure America℠** provides coverage for non-U.S. citizens traveling outside their home country. Both plans are available for a minimum of 30 days up to a maximum of six months in accordance with the terms of the Certificate of Insurance.

Additionally, the plans offer excellent benefits and services to meet your global travel 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 when seeking treatment outside the U.S. using our International Provider Access℠ (IPA). 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 with 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	$50,000
Individual Deductible	$250
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	Three months
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.

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 Indemnity *(for U.S. citizens only)*	Up to $100 per night

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator.

Emergency Medical Evacuation	Up to the Maximum Limit
Emergency Reunion	Up to $10,000
Return of Mortal Remains or Cremation/Burial	Up to $15,000 for Return of Mortal Remains or $5,000 for Cremation/Burial
Political Evacuation	Up to $10,000

ADDITIONAL BENEFITS

Sports & Activities Coverage	Up to the Maximum Limit for basic sports
Sudden Recurrence of a Pre-existing Condition - Medical *(for U.S. citizens only)*	Up to $1,000 of eligible expenses
Sudden Recurrence of a Pre-existing Condition - Emergency Medical Evacuation *(for U.S. citizens only)*	Up to $25,000 of eligible costs and expenses
Common Carrier Accidental Death	$50,000 to beneficiary; maximum of $250,000 per family

These benefits are a summary only.
Please see pages 8-9 for a list of descriptions.

ADDITIONAL BENEFITS *(CONTINUED)*

Trip Interruption	Up to $5,000
Adventure Sports	Up to the Maximum Limit
Lost Luggage	Up to $50 per item of personal property; maximum of $250

PATRIOT ADVENTURE INTERNATIONAL RATES
Coverage from 30 days to 6 months*

ONE MONTH RATES ($50,000 MAXIMUM LIMIT)

Age	One Month
17 or younger	$54
18 - 39	$64
40 - 49	$100

EACH ADDITIONAL 15 DAYS ($50,000 MAXIMUM LIMIT)

17 or younger	$27
18 - 39	$32
40 - 49	$50

PATRIOT ADVENTURE AMERICA RATES
Coverage from 30 days to 6 months*

ONE MONTH RATES ($50,000 MAXIMUM LIMIT)

Age	One Month
17 or younger	$72
18 - 39	$94
40 - 49	$142

EACH ADDITIONAL 15 DAYS ($50,000 MAXIMUM LIMIT)

17 or younger	$36
18 - 39	$47
40 - 49	$71

**Coverage under Patriot Adventure International and Patriot Adventure America must be purchased for a minimum of one month.*

All premium rates are effective as of 7/1/2013. 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. A dependent child is your child shown on the Enrollment Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the Certificate of Insurance and Master Policy.
2. Coverage under Patriot Adventure is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in Patriot Adventure:

- For coverage while participating in any of the covered adventure sports activities, you must be medically and physically fit to engage in such activity and hold the necessary qualifications as approved by the applicable Governing Body or Authority.
- Patriot Adventure is travel insurance for U.S. citizens traveling outside the United States and for non-U.S. citizens traveling outside their home country.

EXTENSION OF COVERAGE

Patriot Adventure can be rewritten for succeeding or subsequent periods but is not renewable. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

QUALITY GUARANTEE

Your satisfaction is very important to IMG. 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.

ENROLLMENT PROCESS & APPLICATION FORM

You should read the following important information prior to completing the Application Form.

HOW TO ENROLL

Before you begin your trip, simply fill out the following Application Form and calculate the premium for the time period you and your family will be traveling. Once you have completed the Application Form, return it to your agent or mail it to IMG. You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the ***latest*** of the following dates:

1. the date IMG receives your completed Application Form and the appropriate premium;
2. the date you depart from your home country; or
3. the date requested on your Application Form.

Patriot Adventure 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.

ENROLLMENT PROCESSING & FULFILLMENT KIT

IMG normally processes Application Forms 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 Application Form. The fulfillment kit will include an IMG Identification Card, 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, approved applicants may choose to communicate electronically and download their fulfillment kit from the IMG website for immediate access. 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 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 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.

For Precertification, emergency evacuation and return of mortal remains, please call: IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

Note: *An insured person may begin the Precertification process through MyIMG or the Client Resources section of our website, www.imglobal.com. Simply look for the 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 two 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 Patriot Adventure are subject to the terms and conditions in 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.

Claim 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 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 Adventure plans.

EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident 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 Patriot Adventure 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 will pay up to $100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

SUDDEN RECURRENCE OF A PRE-EXISTING CONDITION:

(U.S. citizens only) Up to $1,000 will be reimbursed for the eligible medical expenses of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 10) while traveling outside of the U.S. In addition, up to $25,000 will be reimbursed 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 INDEMNITY:

(U.S. citizens only) Patriot Adventure International will pay directly to the insured person $100 for each night of a required overnight stay in a hospital. 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 certificate expires, the 3-month 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 three months before the certificate expired, benefits for the covered injury or illness continues. This is subject to the Maximum Limits and the other terms of the plan until there have been three months 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:

Patriot Adventure offers coverage for Emergency Medical Evacuation from a medical facility 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, up to the Maximum Limit.

EMERGENCY REUNION:

Patriot Adventure also offers Emergency Reunion coverage, up to $10,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an emergency medical evacuation of the insured person: 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 OR CREMATION/BURIAL:

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 $15,000; or up to $5,000 for the preparation, local burial or cremation of your mortal remains at the place of death.

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

COMMON CARRIER ACCIDENTAL DEATH:

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

SPORTS AND ACTIVITIES COVERAGE:

Each Patriot Adventure plan covers injuries incurred during athletic activities which are non-organized, non-contact and engaged solely for leisure, recreation, entertainment or fitness purposes. Some of these sports include, but are not limited to, motor cycle/motorscooter riding, recreational downhill and/cross country snow skiing, horseback riding, wakeboarding, and water skiing. In addition some Adventure sports are covered: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, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snorkeling, snowboarding, snowmobiling, snow skiing, 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. Also, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or government body), or the International Olympic Committee.

Please note this is only a summary of sports and activities and exclusions. For additional information, please refer to the Certificate of Insurance.

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 Adventure 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.

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.

EXCLUSIONS

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

1. **A Pre-existing Condition** which is any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related 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 expressly provided for in the Certificate of Insurance.
6. **Venereal disease, AIDS virus,** AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. **Pregnancy, childbirth, birth control,** artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **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.

   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 elevation 4500 meters above ground level 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 adventure sports activity not expressly covered hereunder are excluded regardless of which plan 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 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 certificate.
17. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
18. **Treatment for mental** and nervous disorders.
19. **Organ or tissue transplants** or related services.
20. **Illness or injury where** the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
21. **Treatment incurred as a** result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This brochure contains only a brief summary of current Patriot Adventure benefits, conditions, limitations and exclusions, and is subject to all 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 sent to approved applicants. The Patriot Adventure plans are amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate of Insurance 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.

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): *This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so. Please note that it is solely your responsibility to determine if PPACA is applicable to you.*

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 Adventure 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 Adventure 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 Adventure plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

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.

ACCREDITED HEALTH UTILIZATION MANAGEMENT

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.

PROTECTING YOUR TRAVEL INVESTMENT

iTI®
iTravelInsured

You can spend a great deal of time planning your trip and it is exciting getting everything ready. But what would happen if the airline you selected should go out of business or you're prevented from taking your trip? Your hard-earned payments could be lost. To help protect you from losing the money you've spent to travel, IMG works with iTravelInsured® (iTI®) to bring you the Patriot T.R.I.P. Lite program.

PATRIOT T.R.I.P. LITE

This iTI program is designed to provide peace of mind so you can enjoy your travels. The benefits are outlined below and program cost information can be found on the back of the Application Form.

SCHEDULE OF BENEFITS

Trip Cancellation	Trip cost up to $20,000
Travel Delay	$500 ($100 per day after 24 hours or up to $500 for a missed connection)
Baggage Delay	$100

Trip Cancellation - Provides coverage for the loss of non-refundable, unused payments when a trip is cancelled prior to departure due to: emergency illness, injury or death to you, a family member or travel companion; financial default; a terrorist incident; jury duty; home made uninhabitable by fire, wind, storm, flood, or vandalism; quarantine; auto accident on way to airport; job termination; cancelled leave for active duty military, police or fire fighters.

Travel Delay - Reimburses you up to $100 per day for reasonable additional accommodations and traveling expenses, not otherwise paid by a travel supplier or common carrier, when your trip is delayed for more than 24 hours caused by: travel supplier delay, lost or stolen passport, medical quarantine, natural disaster, or emergency illness or injury to you or a travel companion.

Baggage Delay - Reimburses you for the costs you incur to buy reasonable additional clothing and essential personal items when your checked baggage is delayed by a common carrier for more than 24 hours from the actual time of arrival at a destination.

NSBTHA

When you purchase a Patriot T.R.I.P. Lite program you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters that affect travel. Information about NSBTHA is available at www.NSBTHA.org.

Certificate Form No. iTI100-11

T.R.I.P. LITE EXCLUSIONS

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition, except as waived by Us under the terms of the Policy.
2. War or any act of war (whether declared or undeclared), civil disturbance, riot or insurrection.
3. Serving in one of the armed forces of any country or international authority.
4. Operating, learning to operate, piloting or riding in or on any aircraft or flying device, other than riding as a passenger in a licensed commercial aircraft.
5. Suicide or attempted suicide, while sane; intentionally self-inflicted Injury or Illness.
6. Being under the influence of any intoxicant, drug or narcotic unless prescribed by a Physician.
7. Training, practicing or participating in any motor sport or motor racing.
8. Parachuting, hang gliding, parasailing, hot air ballooning, scuba diving below 135 feet or any type of scuba diving without the proper diving training and certification from a professional organization, rock or mountain climbing, or hunting.
9. Pregnancy or childbirth when You are expected to give birth within two months from the date of a Covered Trip or an elective abortion.
10. Traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
11. Taking part in any scheduled athletic event or competition.
12. Any emotional, psychological, mental or nervous disorder.
13. Any potentially fatal condition which was diagnosed before the date Your coverage became effective, or any condition for which You are traveling to seek treatment.
14. Dental treatment due to normal wear and tear or the normal maintenance of dental health.

T.R.I.P. LITE PRE-EXISTING CONDITIONS

The Pre-Existing Condition exclusion is waived if coverage is purchased within 14 days after the date your initial payment for the covered trip was paid to the travel supplier. Insureds also must be medically able to travel on the date coverage is purchased.

If the Pre-Existing Condition exclusion is not waived, your pre-existing condition might still be covered if the answer to all of the following questions is "no." 1. Were you treated for a new illness in the last 60 days? 2. Has your condition worsened or required medical attention in the past 60 days? 3. Have you received any new medications in the past 60 days or have any of your current dosages been changed?

This is a summary of the principal provisions of the master policy offered through NSBTHA for its members. It is not considered to be a contract of insurance. Coverage may vary by state and may not be available in all states. For more information regarding the exclusions and all other terms and conditions of Patriot T.R.I.P. Lite, please see the certificate wording for your state which is available upon request.

This brochure is not intended to be an offer to sell Patriot T.R.I.P. Lite or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.

Insurance products are underwritten and offered where available by Delos Insurance Company, New York, NY 10036.

Applicant information: Patriot Adventure ***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**_____

Beneficiaries (see Certificate Wording for Beneficiary designation)
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

List all recreational and/or adventure sports activities planned for the requested period of coverage (Note: only certain designated adventure sports are covered under this insurance plan. Please see page 9.)_____

_____

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)

Select the coverage plan. ***(Check one plan)*:**

☐ Patriot Adventure America for non-U.S. citizens

Requested Effective Date month / day / year
(see How to Enroll section): ____/____/____
Date of Departure: ____/____/____
Date of Return to Home Country: ____/____/____

☐ Patriot Adventure International for U.S. citizens

Requested Effective Date month / day / year
(see How to Enroll section): ____/____/____
Date of Departure: ____/____/____
Date of Return to Home Country: ____/____/____

Names of Persons to be insured:	**Date of Birth** (month/day/year) REQUIRED	**Monthly Premium** See page 4	**Additional 15 Day Premium**
Applicant_____	_____/_____/_____	_____	_____
Spouse_____	_____/_____/_____	_____	_____
Child_____	_____/_____/_____	_____	_____
Child_____	_____/_____/_____	_____	_____
Please attach additional sheet for more children		_____ **Total (A)**	_____ **Total (B)**

Application Form continued on back

(A) Monthly premium total (from Total (A) previous pg.) _____

Number of months travel coverage x_____

=_____

(B) 15 day premium total (from Total (B) previous pg.) +_____

=_____ **(C)**

(C) Enter in the space below

Patriot T.R.I.P. Lite - To purchase please complete the following calculation:

_____ ÷ 100 =_____ X 4.35 =_____ **(D)**

Total cost of trip for all travelers *(minimum $500)*

Enter (D) in the space below

(C) Enter the amount from C _____

(D) Enter the amount from D +_____

$20 *optional* express mail +_____

TOTAL AMOUNT DUE =_____

IMG Producer Use Only

Producer#_____

GA#_____

Name_____

Address_____

_____

City, State, Zip_____

Phone_____

0711 updated 0713

SUBSCRIPTION I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot Adventure insurance coverage as offered by the Company on the date of its receipt hereof. I (we) understand and agree that: (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) coverage under Patriot Adventure is not renewable, (iii) no coverage will be effective until this Application has been duly accepted in writing by the Company, (iv) 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 authorized representative of the Company, (v) IMG and the Company will rely on the accuracy and completeness of the information provided herein, (vi) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (vii) 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 selected agent and administrator, and invoke the benefits and protections of its laws, and (viii) the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance shall 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 shall be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana surplus lines 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) marketing brochures and certificate wordings are available prior to application upon request, (ii) the insurance agent/broker assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed or treated (a "pre-existing condition"), 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 I (we) hereby certify, represent and warrant to IMG and the Company that: (i) I (we) have read this Application and the brochure or they have been read to me (us), and I (we) understand them, (ii) I am (we are) currently in good health and I (we) 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 condition which I (we) foresee may require treatment during the period of coverage or for which I (we) intend to claim under this insurance, and (iii) if this Application is signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and 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 the applicant.

MEDICAL RELEASE I (we) 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 of any physical or mental condition, and/or employment status, to provide such information to IMG and/or the Company.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) I understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) on January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so, (iii) my eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA, and (iv) I understand that it is solely my responsibility to determine if PPACA is applicable to me.

FOR PATRIOT T.R.I.P. LITE (only applicable if applicant has completed section D):

MEMBERSHIP I (we) hereby apply for membership to NSBTHA.

CERTIFICATION I (we) hereby certify that I (we) have read, or have had read to me (us), all statements on this application. I (we) represent that the responses are true, complete and correctly recorded; and that all travelers listed on this application are medically able to travel on the date this program is purchased. I (we) understand and agree that subject to your acceptance of this application and payment of the Total Program Cost, coverage will begin at 12: 01 a.m. on the day after this completed application is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

***X* Signature of Insured or Proxy (Required)**_____

Date_____ Phone_____

Payment must be made for the total number of months of requested coverage. Refund of premium will be made only if a written request is received by IMG prior to the effective date of coverage. After the effective date, the premium is fully earned and non refundable. All payments must be made in U.S. dollars and drawn on U.S. banks.

Payment Method ☐ Check (To IMG) ☐ Wire ☐ Money Order (To IMG) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ 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 Amount Due. 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. For your convenience, only one payment for the total amount due is required. You agree and understand that if your purchase includes Patriot T.R.I.P. Lite, the cost for this program will be allocated directly to iTravelInsured.

Card#_____ Expiration date _____

Cardholder Name_____ Signature_____

Cardholder Daytime Phone _____

Cardholder Billing Address _____