GEOSM Group Program Transfer Form



SECTION 1			
Transferring from: 📮 Global Medical Insurance® (GMI) (individual plan) 📮 GEO Group (group plan)			
If transferring from GEO Group to GMI, please choose an option: 🗅 Full underwriting of GMI application 🕒 Guaranteed Issue			
Requested effective date of coverage transfer (Day, Mo., Yr.):			
Note: To enroll in GMI, the requested effective date must be within 30 days of the date of loss of coverage or ineligibility under GEO Group.			

SECTION 2 - Insured Information				
Last name:		First name:	Middle Initial:	
Residence address:				
City:	State:	Postal Code:	Country:	
ID number:		Employer:		
Date employed (Day, Mo., Yr.): From:	То:	Date coverage began (Day, Mo., Yr.): (Must have been covered at least six months to quindividual GMI)	Ended:	
Are you currently serving in the same vocation as you were under your previous IMG plan?				

SECTION 3 - Dependents to be covered			
Spouse name:			
Child name:	Date of birth (Day, Mo., Yr.):		
Child name:	Date of birth (Day, Mo., Yr.):		
Child name:	Date of birth (Day, Mo., Yr.):		
Child name:	Date of birth (Day, Mo., Yr.):		

Signature of applicant: _____

Date (Day, Mo., Yr.):

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