Global Group

ADMINISTRATOR FORM

Global Group is designed for two or more Global Crew Medical Insurance® individual insureds (members).

Global Group Advantages

- All individual insureds (members) can be combined onto one convenient bill
- Provides monthly, quarterly, semi-annual and annual payment options
- Allows members to be added or removed
- Each member can choose the best plan design (Silver, Gold, Gold Plus, or Platinum) and deductible option ($100 - $10,000) for his/her specific need
- Since Global Crew Medical Insurance is an individual plan, each member has an option to keep his/her plan in-force even if he/she is no longer part of the sponsoring group
- Global Group creates an alternative to The Global Employer's Option℠ (GEO℠ Group)

Guidelines for Completing the Global Group Administrator Form

1. In order to set up a Global Group, the group administrator must submit the following:
   - A completed Global Group Administrator Form
   - A Global Crew Medical Insurance application* for each member that is applying, along with a Statement of Residence (if applicable)
2. Premium payment mode must be the same for all Global Group members.
3. Invoices will be sent on the 25th of every month to the sponsoring group and the producer. Premium must be received within 10 days of the receipt of the invoice.
4. New members can be added to an existing Global Group. Each new member will need to complete a Global Crew Medical Insurance application*, a Statement of Residence (if applicable), along with the Global Group Administrator Form.
5. Renewal notices will be sent directly to each member, who will need to notify IMG of his/her intent to renew by signing and returning the renewal notice. A copy of the renewal notice will also be sent to the producer to forward to the sponsoring group.
6. The group administrator should notify IMG of any member cancellations. IMG will send a premium notice to the member to allow him/her to continue coverage, subject to the receipt of the premium payment.
7. In case of a member cancellation, any premium refunds will be sent to the sponsoring group if the member has completed the Premium Refund Release section of the Cancellation Form. If IMG has not received this form, the group will be responsible for collecting any premium payment refund from the member.

**Global Crew Medical Insurance online applications will not be accepted for a Global Group.*

PLEASE COMPLETE THE GLOBAL GROUP ADMINISTRATOR FORM,
ATTACH THE GLOBAL CREW MEDICAL INSURANCE APPLICATIONS, AND SEND THEM TO:

International Medical Group
P.O. Box 88509, Indianapolis, Indiana 46208-0509 USA
Telephone: 1.800.628.4664 (Inside the U.S.) or 1.317.655.4500 (Outside the U.S.)
Fax: 1.317.655.4505 Email: insurance@imglobal.com Web: www.imglobal.com

SECTION 1. GROUP INFORMATION

Please complete this form to enroll in a new Global Group, or to add members to an existing Global Group.

Group Name:		Requested Effective Date: *(Coverage is not effective until formal acceptance has been made by IMG)*	
Street Address:			
City:	State:	Country:	Postal Code:
Contact Person *(Group Administrator)*:			
Contact Person Email Address:			Phone Number:
Contact Person Signature:			Date:
Producer Name and Number *(If applicable)*:			

SECTION 2. CENSUS LISTING - *Check one:* ☐ *New Global Group* ☐ *Existing Global Group*

Name of Primary Applicant (Member)	Annual Premium Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total number of applicants on Global Group:	**Total Annual Premium:**
Premium Payment Mode: *(Must be the same for all individuals)*	☐ Annually *(1.0)* ☐ Semi-Annually *(0.55)* ☐ Quarterly *(0.28)* ☐ Monthly *(0.10)*
Invoice Payment Method: *(Payment due once you receive invoice)*	☐ Check ☐ Money Order ☐ Wire ☐ Credit Card ☐ eCheck ☐ Other *(Attach details)*
Preferred Invoice Method:	☐ Email ☐ Mail ☐ Both
Invoice Amount Due based on Premium Payment Mode chosen *(Total Annual Premium x Premium Payment Mode)*:	

Attach additional sheets if necessary - All Primary Applicants (Members) must be listed to be included in Global Group

PLEASE ATTACH GLOBAL CREW MEDICAL INSURANCE APPLICATIONS WITH THIS FORM

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