

Global Group ADMINISTRATOR FORM

Global Group is designed for two or more Global Mission Medical Insurance® individual insured members.



Global Group Advantages

- All individual insured 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 (Bronze, Silver, Gold, or Platinum) and deductible option (\$100 - \$25,000) for his/her specific need
- Since Global Mission 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 OptionSM (GEOSM 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 Mission Medical Insurance application* for each member that is applying, along with an Affidavit of Eligibility (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 Mission Medical Insurance application*, an Affidavit of Eligibility (if applicable), along with the Global Group Administrator Form.
5. 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.
6. 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 Mission Medical Insurance online applications will not be accepted for a Global Group.*

**PLEASE COMPLETE THE GLOBAL GROUP ADMINISTRATOR FORM,
ATTACH THE GLOBAL MISSION MEDICAL INSURANCE APPLICATIONS AND
SEND BY ONE OF THE FOLLOWING SECURE METHODS:**

Secure Message Center: www.imgglobal.com/secure-message-center
Encrypted Email: insurance@imgglobal.com
Fax: +1.317.655.4505

Mail: International Medical Group®
2960 North Meridian Street, Ste 300,
Indianapolis, IN 46208-0509 USA

For other inquiries, call: +1.317.655.4500

SECTION 1. Group Information - Please complete this form to enroll a new Global Group, or to add members to an existing Global Group.			
Group Name:		Requested Effective Date: ____/____/____ (MM/DD/YYYY) (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's Email:			Phone#:
Contact Person's Signature:			Date: ____/____/____ (MM/DD/YYYY)
Producer's Name and Number (If applicable):			

SECTION 2. Census Listing - Select one: <input type="checkbox"/> New Global Group <input type="checkbox"/> 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)	<input type="checkbox"/> Annually (1.0) <input type="checkbox"/> Semi-Annually (0.55) <input type="checkbox"/> Quarterly (0.28) <input type="checkbox"/> Monthly (0.10)
Invoice Payment Method: (Payment due once you receive invoice)	<input type="checkbox"/> Money Order <input type="checkbox"/> Wire <input type="checkbox"/> Credit Card <input type="checkbox"/> eCheck <input type="checkbox"/> Other (Attach details)
Preferred Invoice Method:	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> 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 Note:

We may rate-up for covering certain conditions which would entail an additional premium.

Automatic Renewal Notice:

For your convenience, we will notify your group members of their renewal premium in advance of their renewal date and automatically renew their plan, thereby preventing any accidental break in cover at renewal - unless of course they are no longer eligible or we hear from them to the contrary before renewal.

PLEASE ATTACH GLOBAL MISSION MEDICAL INSURANCE APPLICATIONS WITH THIS FORM

Please complete only the section(s) that pertain to what you are trying to accomplish.

Section 1. Premium Refund Release

I (the insured/member) _____ hereby agree to allow (name of group) _____ to receive the premium refund for my Global Mission Medical Insurance® plan with International Medical Group® effective date: ____/____/____ (MM/DD/YYYY). I understand that, as of this date, if I want to continue to be insured by IMG, I need to be responsible for the Global Mission Medical Insurance premium.

Member's Printed Name:

Member's Signature:

Date: ____/____/____ (MM/DD/YYYY)

Contact Person's (Group Administrator) Printed Name:

Contact Person's (Group Administrator) Signature:

Date: ____/____/____ (MM/DD/YYYY)

Note: If the member wishes to continue his/her insurance and be responsible for his/her own premiums, please contact IMG at +1.317.655.4500

Section 2. Certificate Cancellation Release (NOTE: If the member wishes to continue his/her insurance and be responsible for his/her own premiums, DO NOT complete this section.)

I (the insured/member) _____ hereby agree to allow (name of group) _____ to cancel my Global Mission Medical Insurance® plan with International Medical Group® effective date: ____/____/____ (MM/DD/YYYY). I understand that, as of this date, I will no longer have coverage with IMG.

Member's Printed Name:

Member's Signature:

Date: ____/____/____ (MM/DD/YYYY)

Contact Person's (Group Administrator) Printed Name:

Contact Person's (Group Administrator) Signature:

Date: ____/____/____ (MM/DD/YYYY)

Send by one of the following secure methods:

Secure Message Center: www.imglobal.com/secure-message-center

Encrypted Email: insurance@imglobal.com

Fax: +1.317.655.4505

Mail: International Medical Group®
2960 North Meridian Street, Ste 300,
Indianapolis, IN 46208-0509 USA

For other inquiries, call: +1.317.655.4500