International Marine Medical Insurance SM International Medical Group, Inc.
Marine Medical Department
B.O. Box 89550 Indiana and Indiana P.O. Box 88509, Indianapolis, IN 46208-0509 Telephone: 800-628-4664/317-655-4500 Fax: 317-655-4505



Request for Group Proposal

| Name of Vessel Country of R | egistry | Tel Fax | | | | | |
|---|--------------------------|------------------|--|--|--|--|--|
| Contact Person Address | | Email Address | | | | | |
| Please estimate the number of months this vessel will spend outside of U.S. waters in the next 12 months: | | | | | | | |
| Desired Effective Date (mo/day/yr) | | | | | | | |
| BENEFIT PLANS DESIRED | | | | | | | |
| |] \$150 | 500 🗆 \$1,000 | | | | | |
| Life Insurance Benefit \$25,000 - \$100,0 | | | | | | | |
| Dental Benefit ☐ Yes ☐ N | | | | | | | |
| Is vessel owned by a U.S. company? ☐ Yes If yes, please provide the following information: | □ No | | | | | | |
| Name of parent company | | | | | | | |
| Address T | elephone | Fax | | | | | |
| City State | Country | Postal Code | | | | | |
| Does group presently have medical insurance? ☐ Yes ☐ No | | | | | | | |
| If yes, please attach the following: 1. Copy of present policy and/or booklet describing benefits. 2. Copy of most recent billing statement from present carrier. 3. Copy of 3 years of most recent claims experience. (In most instances, this can be obtained from you present and/or past carrier(s)) Has another insurance carrier refused your group? Yes No | | | | | | | |
| Total number of crew | Are all crew members app | ying? □ Yes □ No | | | | | |
| | | , , | | | | | |
| | If not, why? | | | | | | |
| Are any employees presently on COBRA? ☐ Yes ☐ No (If yes, list those employees and list date COBRA began and qualifying event. Attach additional sheets if necessary.) | | | | | | | |
| Employee | | | | | | | |
| Employee | | | | | | | |
| Employee | | | | | | | |
| Employee | | | | | | | |
| Employee | | | | | | | |

Updated 10/04

| | | | | of your know | wledge. If your answer to | any question is yes, please | | | | |
|---|---|---|-------------------|---------------|------------------------------|-----------------------------|--|--|--|--|
| gi\ 1. | | tails in the space provided. The best of your knowled | a □ Yes □ No | , | | | | | | |
| 2 | | ndition which resulted in a clared any employees or dependent | | | the last 3 years? | □ Yes □ No | | | | |
| 2. 3. | | e any employees or dependence | | | | | | | | |
| 4. | | eatment facility, disabled or in e any employees not activel | | ing his/hor r | pormal duties due to illness | s □ Yes □ No | | | | |
| 4. | | injury? | y at work penoini | ing ms/ner i | iornal duties due to limes: | S LIES LINU | | | | |
| 5. | | e you aware of any circumst | | | | s □ Yes □ No | | | | |
| Ad | conditions which can be expected to produce ongoing claims? Additional Comments: (Attach additional sheets if necessary) | | | | | | | | | |
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| En | Employee Census: It is important to provide complete census information for each eligible group member. Initial quotation based on census; final rates based on actual enrollment. | | | | | | | | | |
| | Sex | Name | | Status* | Date of Birth | Citizenship | | | | |
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| *St | atus: | Employee (E) Spouse (S) | Dependent Child | (D) | | | | | | |
| The information provided on this form, including attachments, is intended to provide the company with information necessary to evaluate your group and provide you with premium and coverage indications. Final rates and coverage will be based on the actual enrollment, including evidence of insurability, if applicable. No insurance is in effect unless you are notified in writing by the company. Thank you for your interest in International Marine Medical Insurance SM . | | | | | | | | | | |
| Applicant Signature Date (mo/day/yr) | | | | | | ·) | | | | |
| _ | | | | | Agent Number_1 | 7149 | | | | |
| Ag | Agency EMPLOYEE BENEFIT SPECIALI! Address 10330-L LAKE ROAD | | | | | | | | | |
| Cit | y_HOL | JSTON | | State_T> | Coun | | | | | |
| Ph | one_2 | 81.440.4661 | Fax281.440.436 | 67 | Emailgregg@ebsin | chouston.com | | | | |