GEO[SM] Group *(The Global Employer's Option[SM])*
Request for Proposal

GEO Group is an international group insurance product underwritten by Sirius International Insurance Corporation (publ) (the "Company"). It is distributed, managed and administered, for and on behalf of the Company, by International Medical Group®, Inc. ("IMG®").

PART 1.			
Group/Organization Name:		Contact Person:	
Telephone:	Fax:	Email:	
Street Address:			City:
State/Province:	Country:	Postal/Zip Code:	Requested Effective Date *(Day, Mo., Yr.)*:
Nature of Business:		Type of Work Employees Perform:	
Total Number of International Employees:	Total Number of Eligible International Employees:	Total Number of U.S. Citizens Included in the International Employee Count:	Total Number of Local Nationals Applying:

Is the company/organization a subsidiary or division of a U.S. or Canadian corporation? If Yes, U.S. or Canadian?	❑ Yes ❑ No
Are any employees/dependents currently residing in the U.S. or Canada? If Yes, please provide details in census section.	❑ Yes ❑ No
Do you expect the number of employees to vary in the next 12 months? If Yes, please provide details.	❑ Yes ❑ No
Does the company currently have group medical insurance? If Yes, please provide name of carrier, current and renewal rates, schedule of benefits, and claims experience.	❑ Yes ❑ No
Has another insurance company refused to quote on this group? If Yes, please provide details.	❑ Yes ❑ No
Are any employees or dependents presently covered under COBRA continuation? If Yes, please indicate those employees on census.	❑ Yes ❑ No
If local nationals are applying for coverage, will the employees be travelling outside of their home country? If Yes, how often? For how long?	❑ Yes ❑ No

PART 2. REQUESTED PLAN BENEFITS

Deductible: ❑ $0 ❑ $100 ❑ $250 ❑ $500 ❑ $750 ❑ $1,000 ❑ $2,500 ❑ $5,000 ❑ $10,000 ❑ Other: $_____

Coverage Plan: ❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4 | Maximum Deductible: ❑ 2 per Family ❑ 3 per Family

Coverage Area *(Choose One)*: ❑ Worldwide ❑ Custom – Please indicate countries covered:_____
❑ Worldwide Excluding* the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan

**Except 30 days emergency/accident*

Additional Benefits Upon Request: ❑ Adventure Sports Rider ❑ GEO Platinum USA Benefit Rider *(Plan 1 only)*
❑ Long-term Disability *(Please complete Disability Questionnaire)* ❑ Prescription Drug Card *(U.S. pharmacies only)*
❑ Daily Indemnity ❑ Dental ❑ Continuation Rider ❑ Other:_____

Disability products are administered and underwritten by Zurich American Life Insurance Company

Lifetime Maximum: ❑ $1,000,000 ❑ $5,000,000 ❑ $8,000,000 ❑ Other: $_____

Life Insurance Benefit*: ❑ $10,000 ❑ $25,000 ❑ $50,000 ❑ 1 x Salary to maximum of $_____
❑ 2 x Salary to maximum of $_____ ❑ 3 x Salary to maximum of $_____
❑ Other $_____

** (2-10 lives, $10,000 minimum required). Maximum available guaranteed issue is $100,000.*

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PART 3. Please answer the following questions. If your answer to any question is Yes, please give details in the space provided. Attached additional pages as necessary.	
1. Has any employee or dependent suffered from an injury, illness or other medical/health condition that resulted in total claims of $2,500 or more during the last three years?	❑ Yes ❑ No
2. Are any employees or dependents currently hospitalized, confined at home or a treatment facility, disabled or incapacitated?	❑ Yes ❑ No
3. Are any employees or dependents currently pregnant?	❑ Yes ❑ No
4. Are any employees or dependents not actively at work performing his/her normal duties due to illness, injury or other medical/health condition?	❑ Yes ❑ No
5. Are you aware of any circumstances, chronic or continuing medical, mental or nervous conditions which can be expected to produce ongoing claims for any employees or dependents?	❑ Yes ❑ No

PART 4. CENSUS SUMMARY (Required for groups of 100 lives or more)

AGE	MALE				FEMALE			
	Employee	Employee+ Spouse	Employee+ Child(ren)	Employee+ Family	Employee	Employee+ Spouse	Employee+ Child(ren)	Employee+ Family
19-24								
25-29								
30-34								
35-39								
40-44								
45-49								
50-54								
55-59								
60-64								
65-69								
70+								

CENSUS LISITING (For groups of less than 100 employees)

Gender	Employee Name	Class***	Coverage Needed*	Date of Birth or Age	Occupation	Annual Salary**	# of Dependents Residing in U.S. or Canada	Nationality	Country of Assignment

**Status: Employee only (E) Employee+ Spouse (ES) Employee+ Child(ren) (EC) Employee+ Family (EF) (attach additional pages as necessary)*

***Provide salary only if applying for 1x, 2x, or 3x salary for life insurance*

****Defined as a group of employees with easily distinguishable and identifiable common characteristics (i.e. management, non-management, hourly, salary, exempt, non-exempt, or sales)*

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PART 5. AUTHORIZATION

International Medical Group®, Inc. (IMG®) is the managing general underwriter and plan administrator for the carrier, Sirius International Insurance Corporation (publ) (the Company).

The undersigned representative for the within named Group hereby certifies, represents and warrants that the information provided on this Request for Proposal, including any attachments, is true, accurate and complete in all respects and acknowledges that such information is intended to provide International Medical Group, Inc. with information necessary to evaluate this Group and provide the Group with premium and coverage indications. Final rates and coverage will be based on the actual enrollment, including evidence of insurability, if applicable. No insurance shall be effective unless and until the Group is notified in writing by the Company. Thank you for your interest in GEO Group.

Applicant Signature:		Date *(Day, Mo., Yr.)*:
Printed Name:		Title:
Producer Signature:		Date *(Day, Mo., Yr.)*:
Are You the Producer of Record?		❑ Yes ❑ No
Agency Name: International Marine Insurance Services		Producer Name: International Marine Insurance Services
IMG Producer Number: 20258		Not Licensed with IMG?
Telephone: 410-827-3757	Fax:	Email: mail@imis.pro

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