CONTACT INFORMATION

Producer Contact Information:

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110 Channel Marker Way #200
Grasonville, MD 21638
Phone: 410-827-3757
Fax: 410-827-3758
mail@imis.pro
http://imis.pro

INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
P.O. Box 88509
2960 North Meridian Street
Indianapolis, IN 46208-0509 USA
For marketing questions, please call 1.866.368.3724
For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500
Fax: 1.317.655.4505
Email: insurance@imglobal.com
www.imglobal.com
As the Plan Administrator for Student Health Advantage℠, IMG acts as the authorized agent for and on behalf of Sirius International.

Sirius International

Plan Underwriter

Student Health Advantage is underwritten by Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing).
Sirius International is a White Mountains Re company.

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INTERNATIONAL MEDICAL GROUP

Student Health Advantage℠

Long-term, worldwide medical insurance for individuals and groups of two or more international students

0512

The Secure, Reliable Academic Health Insurance You Demand

As an international scholar, the thrill of studying outside of your home country is extraordinary. Your new surroundings are amazing and you're involved in new and exciting experiences. You're seeing and visiting places for the first time, while receiving the benefits of a long-term education.

Caught up in all the excitement, you may not think about the chance that you or a member of your group may fall ill or become injured during your studies. But what if this did happen? Without warning, your experience can quickly become unpleasant and frightening if you're not prepared for a medical emergency. As a global student, assurance and peace of mind are a priority when you study abroad.

Your educational adventure should be enjoyable and gratifying. Maintaining the ability to be flexible and responsive, International Medical Group® (IMG®) has developed Student Health Advantage℠, an international health care plan designed to specifically meet the needs of international students involved in long-term educational programs. The plan offers a complete package of international benefits available 24 hours a day, providing you and your group Coverage Without Boundaries®. After all, you are global. Your health insurance and peace of mind should be too.

Student Health Advantage

- Meets student visa requirements
- Coverage for individuals or groups of two or more members and their dependents
- Maternity coverage
- Mental health coverage
- Organized sports coverage
- International emergency care
- Pre-existing coverage after 12 months or six months (depending on rider eligibility)

Custom Fit Products and the Best Service

IMG's World Headquarters Indianapolis, Indiana USA

At IMG, we know that the reasons to travel abroad are many and varied - that's why our products are too. Our full-service approach to providing international medical insurance products includes servicing vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence. To meet all of these needs, we have developed a comprehensive range of major medical, life, dental and disability products that can be tailored to meet individual specifications.

But providing insurance products - no matter how comprehensive - is not enough. It's how we administer your benefits and support your international needs that sets us apart. Since 1990, we've served more than a million people around the globe with customer service that's second to none. We provide on-site medical staff who are available 24 hours a day for emergencies, multilingual customer service professionals and dedicated claims administrators who process tens of thousands of claims each year from all over the world. We maintain IMG Europe Ltd. to provide the same world-class services abroad, with the added benefits of similar time zones and swift postal delivery. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

> Served over a million people around the globe with customer service that's second to none.

Schedule of Benefits

(All coverages, benefits and premium amounts shown in this booklet are in U.S. dollars. URC - Usual, Reasonable, Customary)

Plan Information

Lifetime Maximum	
Student	$500,000
Dependent	$50,000
Per Illness/Injury Maximum	
Student	$300,000
Each eligible dependent	$50,000
Deductible	$100 per Illness/Injury
	$5 co-pay per visit if Treatment received in Student Health Center
Coinsurance	
Charges incurred outside the U.S. or Canada	No Coinsurance
Charges incurred within the U.S. or Canada	
In PPO network or Student Health Center	No Coinsurance
Out of PPO network	80% of the first $5,000 of eligible charges, then 100% thereafter

Medical Benefits

Hospital Room & Board	Average semi-private room
Intensive Care	URC
Maternity	URC
Routine Nursery Care	$750 maximum per period of coverage
Emergency Room	
Injury	URC
Illness resulting in hospitalization	URC
Illness without hospitalization	Subject to additional $250 deductible
Mental Health *(Includes alcohol and substance abuse. Treatment at Student Health Center is not eligible)*	
Out-patient	$50 per day $500 lifetime maximum
In-patient	URC to $10,000 lifetime maximum
Prescription Drugs	
In-patient	URC
Out-patient	50% of actual charges

Medical Benefits Continued

Physical Therapy	URC – limit once per day
Local Ambulance	
Per Injury	Up to $350
Per Illness only if admitted In-patient	Up to $350
Dental	
Injury due to covered Accident	$500
Sudden & Unexpected Pain	$350
All Other Eligible Medical Expenses	URC

International Emergency Care

Emergency Medical Evacuation	Up to $500,000 lifetime maximum (independent of Maximum Limit)
Emergency Reunion	$50,000 maximum
Return of Mortal Remains	$50,000 maximum
Political Evacuation	Up to $10,000 lifetime maximum

Additional Benefits

Intercollegiate/Interscholastic/ Intramural or Club Sports	$5,000 per Injury/Illness Medical Expenses only
Incidental Home Country Coverage	Up to a cumulative two weeks
Pre-existing Conditions	After 12 months of continuous coverage
Terrorism Coverage	Up to $50,000 lifetime maximum
AD&D	
Student	$25,000
Dependent Spouse	$10,000
Dependent Child	$5,000
Dismemberment Levels	Scheduled
Benefit Period	60 days

Optional Riders

Adventure Sports Rider (Available to insureds up to age 65)

Age	Lifetime Maximum
0-49	$50,000
50-59	$30,000
60-64	$15,000

Six Month Pre-existing Condition Rider (available only if the insured's destination is Florida, Hawaii, Idaho, or Massachusetts)

Student Health Advantage Monthly Rates

All premium rates are effective as of 5/1/12. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 19 years of age, traveling with the individual or the group member as a dependent, and for whom premium has been paid.

Individual Rates

U.S. Citizens

Age	Student	Spouse	Dep. Child
Under 19	$57	$335	$62
19-23	$63	$335	$62
24-30	$83	$367	$62
31-40	$125	$489	$62
41-50	$204	$502	$62
51-64	$271	$489	$62

Non-U.S. Citizens

Age	Student	Spouse	Dep. Child
Under 19	$72	$386	$82
19-23	$95	$386	$82
24-30	$110	$426	$82
31-40	$197	$567	$82
41-50	$322	$586	$82
51-64	$430	$567	$82

Group Rates

U.S. Citizens

Age	Student	Spouse	Dep. Child
Under 19	$51	$300	$56
19-23	$56	$300	$56
24-30	$74	$327	$56
31-40	$112	$437	$56
41-50	$182	$449	$56
51-64	$242	$437	$56

Non-U.S. Citizens

Age	Student	Spouse	Dep. Child
Under 19	$64	$345	$73
19-23	$85	$345	$73
24-30	$98	$380	$73
31-40	$176	$506	$73
41-50	$288	$523	$73
51-64	$384	$506	$73

Description of Benefits

The following is a partial list of benefits and terms that are offered on the Student Health Advantage plan.

Maternity:
The plan provides coverage for maternity the same as any illness. Conception must occur after the effective date. Routine nursery care of newborns is also subject to the Maximum Limit.

Intercollegiate / Interscholastic / Intramural or Club Sports:
The plan provides coverage for injuries or illnesses sustained while participating in intercollegiate, interscholastic, intramural or club sports.

Mental Health:
The plan provides coverage for mental health disorders including alcohol and drug abuse. Out-patient treatment is covered up to $50 per day to the lifetime maximum. Usual, reasonable and customary charges are covered for in-patient treatment up to the lifetime maximum. Student Health Center charges are not eligible for coverage.

Dental:
Injury due to an accident - the plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident.

Sudden dental pain - the plan will pay for the necessary treatment of sudden, unexpected pain to sound natural teeth.

Emergency Room:
Charges incurred for the use of the Emergency Room due to an accident are covered up to the Maximum Limit.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) $250 deductible if treatment does not require admittance to the hospital.

Incidental Home Country Coverage:
During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to: **1)** The insured person must have left their home country, **2)** The total Period of Coverage must be for a minimum of 30 days, and **3)** The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

International Emergency Care

Political Evacuation:

If the United States Department of State, Bureau of Consular Affairs, or similar government agency of the Insured Person's Home Country, orders the evacuation of all non-emergency government personnel from the Host Country, due to political unrest, that becomes effective on or after the Insured Person's date of arrival in the Host Country, the Company will pay up to a $10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the Insured Person's home country or country of residence provided that:

1) The Insured Person contacts the Company within 10 days of the issuance of the evacuation order by the United States Department of State, Bureau of Consular Affairs, or similar government agency of the Insured Person's Home Country; and **2)** The evacuation order pertains to persons from the same Home Country as the Insured Person; and **3)** Political Evacuation and Repatriation is approved and coordinated by the Company; In no event will the Company pay for a Political Evacuation if there is a Travel Warning in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.

Emergency Medical Evacuation:

Student Health Advantage includes coverage for emergency medical evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to a $500,000 lifetime maximum (independent of the Maximum Limit).

Emergency Reunion:

Student Health Advantage provides emergency reunion coverage for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.

Return of Mortal Remains:

If a covered illness/injury results in death, expenses for repatriation of bodily remains or ashes to the home country will be covered.

To be eligible for the Evacuation, Reunion and Return benefits, these must be recommended by the attending physician in critical medical situations, and approved in advance by IMG.

Accidental Death and Dismemberment:

The plan includes a principal sum benefit for Accidental Death and Dismemberment occurring during the Period of Coverage: • Accidental Loss of life - principal sum; • Accidental Loss of two Members - principal sum; • Accidental Loss of one Member - principal sum. *"Member" means hand, foot or eye.*

Terrorism:

The plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse for eligible medical claims. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is defined as the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand. However, this benefit does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the six months prior to the insured person's date of arrival.

This benefit also does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to depart the country or location.

Optional Riders

Adventure Sports Rider:

The Adventure Sports Rider is for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page four: abseiling, BMX, bobsleigh, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, horseback riding, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snow boarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), and wildlife safaris. These adventure activities must be engaged in solely for leisure, recreation, or entertainment purposes.

Six Month Pre-Existing Condition Rider:

The Six Month Pre-Existing Condition Rider is available for those individuals whose destination is the United States, to the states of Florida, Hawaii, Idaho, or Massachusetts only. This rider is also available for groups whose address is in any of those states. The rider will replace the 12 month pre-existing condition waiting period with a six month pre-existing condition waiting period. If this rider is selected, a 10 month waiting period on Maternity will apply.

Quality Guarantee

Your satisfaction is very important to IMG. If you are not pleased with this product for any reason, you may submit a written request, prior to your effective date, for cancellation and refund of your premium. You may cancel your plan after your effective date if you do not have any claims filed with IMG, however, the following conditions will apply: **1)** you will be required to pay a $50 cancellation fee and **2)** only full month premiums will be considered for refunds (e.g., if you choose to cancel your coverage two months and two weeks prior to the date your coverage ends, IMG will only consider the two full months for a refund). If you have filed claims, your premium is non-refundable.

Conditions of Coverage

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under Student Health Advantage is secondary to any other coverage.
3. Coverage and benefits are for medically necessary and usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage.
6. Claims must be presented to IMG for payment within the Period of Coverage or during the three months immediately following the Period of Coverage.

Eligibility

The following conditions apply to all persons applying for and/or enrolling in Student Health Advantage:

- The individual applicant or group member must be a full-time student or scholar at a college, university, or educational institution.
- The individual applicant or group member must be residing outside his/her home country for the purpose of pursuing international, educational activities including but not limited to college course work, conducting research or teaching for a temporary period of time.
- Must not have obtained residency status in Host Country.
- Dependents have to be legal dependents, traveling with the individual applicant or group member and traveling outside their home country.
- Family members do not constitute a group.

Extension of Coverage

If the plan is purchased for a minimum of three months, coverage may be extended up to 12 months from the initial effective date. Provided there is no break in coverage, the plan may be renewed for up to five years.

Enrollment Process

Before travel begins, simply fill out the Application Form and calculate the premium for the time period(s) travel will take place. Once the Application Form is completed, return it to the insurance agent or broker, and/or mail it to IMG. The individual or group member(s), their spouses and unmarried dependent children (over 14 days and under 19 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the ***latest*** of the following dates: **1)** the date IMG receives the completed Application Form and the appropriate premium; **2)** the date the individual or group member departs from his/her country of citizenship; or **3)** the date requested on the Application Form.

Student Health Advantage coverage ends on the ***earliest*** of the following dates: **1)** the end of the period for which premium has been paid; **2)** the date requested on the Application Form; or **3)** the date the individual or group member returns to his/her country of residence.

Fulfillment Kits

IMG processes Application Forms in a quick, timely manner. Once processing is complete, IMG will mail or email a fulfillment kit(s) to the address listed on the Application Form. The fulfillment kit(s) will include an IMG Identification Card(s), IMG contact numbers, Claim Forms and the insurance certificate providing a complete description of rights and benefits under the contract. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

Claims Procedure

Precertification

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, which means the insured person or their attending physician must call the number listed on the IMG Identification Card prior to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

For Precertification, emergency evacuation and repatriation, please call: IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

Note: *You may begin the Precertification process through MyIMG or the Client Resources section of our website, www.imglobal.com. Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 2 business days. Please note that this online service will only initiate the Precertification process, and it should not be used to Precertify emergency admissions, procedures, or evacuations.*

Claims Payment

All benefits payable under Student Health Advantage are subject to the provisions described in this brochure and as contained in the Certificate Wording and certificate of coverage. To make claim processing efficient, claims may be paid in two ways: **1)** Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed by check directly to the Insured Person, and **2)** Eligible claims that have not yet been paid by the Insured Person will, at the discretion of IMG, be paid either to the Insured Person or directly to the provider.

Please mail completed claim forms to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: insurance@imglobal.com.

Exclusions

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under Student Health Advantage.

1. **A Pre-existing Condition** is defined as any Injury, Illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the 12 months prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. **Treatment or surgeries** which are elective, investigational, experimental or for research purposes.
3. **War, military action,** political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular** Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. **Venereal disease, AIDS virus**, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. **Pre-natal, post-natal, and newborn care**, unless related to a Covered Pregnancy, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **Medical Expenses in excess of $5,000** for Injury or Illness sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices games or competition. The following hazardous activities are excluded in their entirety (including any combination or derivative of the following): abseiling, mountaineering activities where specialized climbing equipment, ropes or guides are normally or reasonably should have been used, aviation (except when traveling solely as a passenger in a commercial aircraft), kiteboarding, hang gliding and parachuting, bicycle motorcross or BMX, BASE jumping, bobsledding, bungee jumping, canyoning, caving, high diving, heli-skiing, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, luge, mountain biking, paragliding, parascending, rappelling, rock climbing, rodeo, racing of any kind including by horse, motor vehicle (of any type) or motorcycle, snow skiing except for recreational downhill and/or cross country snow skiing (no cover provided whilst skiing in violation of applicable laws, rules or applicable laws, rules or regulations; away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body), snowboarding, snowmobiling, ski jumping, sky diving, spelunking, surfing, trekking, windsurfing, wildlife safaris, whitewater rafting and subaqua pursuits involving underwater breathing apparatus in depths of more than 10 meters. Practice or training in preparation for any excluded activity will be considered as taking part in such activity.
9. **Vision or ear tests** and the provision of visual or hearing aids.
10. **Vocational, recreational**, speech or music therapy.
11. **Treatment while confined** primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. **Charges, Injuries and/or Illnesses** resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. **Treatment for, and Injuries** and/or Illnesses resulting or arising from, substance abuse or drug addiction.
14. **Injury and/or Illness** resulting or arising from being under the influence of alcohol or drugs; and Injury or Illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. **Willful self-inflicted** Injury or Illness.
16. **Treatment required as a** result of or arising from complications from a treatment or condition not covered under the certificate.
17. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
18. **Organ or tissue transplants** or related services.
19. **Illness or Injury where** the trip to the host country is undertaken for treatment or advice for such Illness or Injury, except as expressly provided for in the certificate of insurance.
20. **Treatment incurred as** a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This brochure contains only a consolidated and summary description of all current Student Health Advantage benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.

The Impeccable Service You Deserve

MyIMG℠

Service at your fingertips anytime, anywhere - that's what My*IMG* provides. My*IMG* is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world.

Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through My*IMG* you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Locate a provider
- Request ID cards
- Initiate precertification
- Get explanation of benefits
- Obtain certificate documents
- Recommend provider/facility

Akeso Care Management® (ACM®)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, an on-site specialized division devoted entirely to medical management.

URAC
ACCREDITED
HEALTH UTILIZATION MANAGEMENT

The clinical staff consists of qualified physicians and registered nurses who are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner. ACM has international medical experience, providing services in more than 170 countries worldwide.

ACM is accredited by URAC, an independent, nonprofit organization that is internationally recognized for promoting continuous improvement in the quality and efficiency of health care management. Through a rigorous and comprehensive review that ensures ongoing compliance, ACM earned its URAC accreditation in Health Utilization Management.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.

Locating a Provider

Access to a network of established, highly qualified physicians and hospitals in the U.S.

With the Student Health Advantage Plan you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG. You can quickly search the network through My*IMG*. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider Access℠ (IPA), a database of over 17,000 providers.

Our goal is to provide quality medical coverage wherever you may be. The PPO and our IPA enable us to do just that, and our online directories put the information at your fingertips - anytime, anywhere. Simply visit **www.imglobal.com**.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to *every* certificate holder of Student Health Advantage. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of **1)** Universal Rx contract price or **2)** the pharmacy regular retail price.

This *discount program* is not insurance coverage. It is purely a discount program to purchasers of Student Health Advantage. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

1. Name	Country of Citizenship & Home Country	Date of Birth	Government Issued ID #	Requested EFfective date and EXpiration date	# of Months	Rate	Multiply # of Months by Rate
1 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							
2 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							
3 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							
4 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							
5 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							
6 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							
7 Applicant:	CC: HC:			EF: EX:			
Spouse:							
Child:							
Child:							

(attach additional sheets if necessary)

SUBTOTAL: _____

A

2. Optional Riders

Enter .20 ***only*** if you elect the Adventure Sports Rider _____

Enter .70 ***only*** if you elect the Six Month Pre-Existing Condition Rider + _____

(B) Total Rider factor; = _____ **(B)** ***enter this amount to the right of the 1. in Section 3***

3. Event Premium Calculation

_____ **Subtotal A** x 1. _____ **(B) Total Rider factor** + _____ $20 ***optional*** express mail = _____ **TOTAL AMOUNT DUE**

***For Groups Only*: If you choose the monthly payment option, please provide one month's premium with the application. You will then be invoiced each month thereafter.**

IMG Producer Use Only

Producer# 20258
GA#
Name International Marine Insurance Services
Address 110 Channel Marker Way #200
Grasonville MD
City, State, Zip 21638
Phone: 410-827-3757

0512

Student Health Advantage Application

To Enroll - **1.** Complete entire Application Form (front and back - please print) **2.** Please make check or money order payable to IMG and enclose in envelope with signed Application Form **3.** Mail, fax or email to: International Medical Group, Inc., P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax 1.317.655.4505 Email: insurance@imglobal.com

Applicant or
Sponsoring Organization _____

Address_____

City/State/Zip_____

Phone_____

Fax_____

Contact Name_____

Email *(Required if selecting Online Fulfillment Kit Option)* _____

_____

If the address above is in Florida, is the applicant or sponsoring organization currently located in Florida? *(Determines applicable surplus lines tax and will not affect coverage)* ❑ Yes ❑ No

❑ **I (we) will use the Online Fullfillment Kit Option** *(Email address required above)*

Requested Effective Date_____

Requested Expiration Date_____

Destinations *(If USA, indicate state)* _____

Beneficiaries
In the event of an insured's death, his/her beneficiaries will be as follows:
1) Spouse (if any) - Primary **2)** Children (if any) - First contingent **3)** Estate of the insured - Second contingent

Payment Option ❑ Event (single payment)
❑ Monthly - Groups Only (invoiced monthly *after* first payment)

Payment Method ❑ Check (To IMG) ❑ Wire ❑ Money Order (To IMG)
❑ MasterCard ❑ Visa ❑ American Express ❑ Discover ❑ JCB

eCheck (ACH) available online

Card#_____

Expiration date_____

Name on Card_____

Authorized Signature_____

Cardholder's Daytime Phone_____

Cardholder's Billing Address_____

_____

Sponsor's or Individual Applicant's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) for group coverage or the individual for his or her own coverage hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members or for the individual applicant listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Student Health Advantage (Group Insurance) as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized agent and plan administrator, International Medical Group, Inc. (IMG). The Sponsor and all such members or the individual applying for coverage understand(s) and agree(s): (i) the insurance applied for is not general health insurance, but is intended for members' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) the Sponsor or individual must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, (iii) no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) by submission of this application and/or any future claim for benefits, the Sponsor and all group members or individual applicant purposefully initiate(s) and take(s) advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, and invoke the benefits and protections of Indiana law, and the contract of insurance represented by the Master Policy and evidenced by the Certificate(s) of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which the Sponsor and all group members or individual applicant hereby expressly consent(s). We(I) consent and agree that Indiana law shall govern all rights and claims raised under the Certificate of Insurance.

2. Acknowledgment. The Sponsor and all group members or individual applicant understand(s) and agree(s) that: (i) the insurance agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the Sponsor and such members or individual applicant, (ii) the Group Insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage under the insurance, (iii) the subjects of insurance applied for are not intended or considered by the Sponsor, the group members, an individual applicant, the Company or IMG to be resident, located, or to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

3. Medical Release. The Sponsor and all group members or individual applicant hereby authorize(s) any doctor, practitioner of the healing arts, hospital, clinic, health care related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, and employee or benefit plan administrator having information as to any of the group members' or individual applicant's care, advice, treatment, evaluation, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and the Company.

4. Certification. The Sponsor and all group members or individual applicant hereby certify(ies), represent(s) and warrant(s) that they or he have (has) read the foregoing statements and the Group Insurance brochure (or same have been read or provided to such members), and they understand them, and that each group member or individual applicant listed: (i) is eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable and (ii) is currently in good health and has not been diagnosed with, sought consultation or been treated for, and has not experienced manifestation or symptoms of and does not suffer from any pre-existing or other medical condition which he/she foresees may require treatment during this insurance or for which he/she intends to claim under this insurance. As the representative of the Sponsor and as proxy for each of the group members or individual applicant, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such members or individual applicant. By acceptance of coverage and/or submission of any claim for benefits, each group member or individual applicant ratifies and affirms the authority of the signer and/or Sponsor to so act and bind the member.

5. Premiums. Sponsor or individual applicant agrees to pay the required insurance premiums to IMG, as agent for the Company, on or before the due date(s). If the premiums are to be paid in installments, a grace period of 10 calendar days will be allowed for IMG's actual receipt of payment of each premium, except the initial installment. If any premiums are unpaid at the end of the grace period, the insurance coverage shall lapse and terminate with respect to any group member or individual for whom such premium is unpaid, effective as of the initial due date of the premium, whereupon the Company's liability shall cease with respect to all charges and/or claims incurred by such member(s) thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor or individual applicant authorizes IMG to charge/debit Sponsor's or applicant's MasterCard, Visa, American Express, Discover or JCB account for the total amount of premiums due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. In the event Sponsor or individual applicant has chosen to pay premiums on an installment basis, Sponsor or individual applicant hereby pre-authorizes future credit card payment installments for the balance of the period of coverage, and hereby requests and authorizes IMG to charge/debit Sponsor's or applicant's credit card periodically as and when premium payment installments become due. This authorization will remain in effect until revoked by Sponsor or individual applicant in writing, and until IMG actually receives notice of revocation.

Signature_____

Date_____ Phone_____