

GEOSM Group (The Global Employer's OptionSM)

Request for Proposal



INTERNATIONAL MEDICAL GROUP

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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees/dependents currently residing in the U.S. or Canada? If Yes, please provide details in census section.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect the number of employees to vary in the next 12 months? If Yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has another insurance company refused to quote on this group? If Yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees or dependents presently covered under COBRA continuation? If Yes, please indicate those employees on census.			<input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2. REQUESTED PLAN BENEFITS	
Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$_____	
Coverage Plan: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4	Maximum Deductible: <input type="checkbox"/> 2 per Family <input type="checkbox"/> 3 per Family
Coverage Area (Choose One): <input type="checkbox"/> Worldwide <input type="checkbox"/> Custom – Please indicate countries covered: _____ <input type="checkbox"/> Worldwide Excluding* the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan <small>*Except 30 days emergency/accident</small>	
Additional Benefits Upon Request: <input type="checkbox"/> Adventure Sports Rider <input type="checkbox"/> GEO Platinum USA Benefit Rider (Plan 1 only) <input type="checkbox"/> Long-term Disability (Please complete Disability Questionnaire) <input type="checkbox"/> Prescription Drug Card (U.S. pharmacies only) <input type="checkbox"/> Daily Indemnity <input type="checkbox"/> Dental <input type="checkbox"/> Continuation Rider <input type="checkbox"/> Other: _____ <small>Disability products are administered and underwritten by Zurich American Life Insurance Company</small>	
Lifetime Maximum: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$8,000,000 <input type="checkbox"/> Other: \$_____	
Life Insurance Benefit*: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> 1 x Salary to maximum of \$_____ <input type="checkbox"/> 2 x Salary to maximum of \$_____ <input type="checkbox"/> 3 x Salary to maximum of \$_____ <input type="checkbox"/> Other \$_____ <small>*(2-10 lives, \$10,000 minimum required). Maximum available guaranteed issue is \$100,000.</small>	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any employees or dependents currently hospitalized, confined at home or a treatment facility, disabled or incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any employees or dependents currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:		Producer Name:
IMG Producer Number:		Not Licensed with IMG?
Telephone:	Fax:	Email: