

International Medical Group®, Inc.  
P.O. Box 88509  
Indianapolis, Indiana 46208-0509 USA  
Phone: 800.628.4664 (In US)  
317.655.4500 (Outside US)  
Fax: 317.655.4505 Attn: Group Benefits

# GEM<sup>SM</sup>

## Global Educators Medical<sup>SM</sup>



GEM is underwritten by Sirius International Insurance Corporation (publ) (the "Company"); Distributed, managed and administered, as agent for and on behalf of the Company, by International Medical Group®, Inc. ("IMG<sup>SM</sup>")

### Request for Proposal

School group/Organization Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Nature of Industry \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Requested Effective Date \_\_\_\_\_  
Total number of international assignees (expatriates, third country nationals, key local nationals) \_\_\_\_\_  
Of the international assignee population, total number of U.S. citizens \_\_\_\_\_  
Is the school group/organization a subsidiary or division of a U.S. or Canadian corporation?     Yes     No  
Are any employees/dependents currently residing in the U.S. or Canada?     Yes     No    If yes, how many? \_\_\_\_\_  
Does applicant currently have group medical insurance?     Yes     No  
(If yes, please provide name of carrier, current and renewal rates, schedule of benefits, and claims experience.)  
  
Has another insurance company refused to quote on this group?     Yes     No  
Are any employees or dependents presently on COBRA?     Yes     No  
(If yes, please list those employees separately on the census listing.)

**REQUESTED PLAN OF BENEFITS**

Deductible	Max. Deductible	Coverage in the US/Canada	Life Insurance Benefit*
<input type="checkbox"/> \$0	<input type="checkbox"/> 2 per family	<input type="checkbox"/> Include (Std)	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$100	<input type="checkbox"/> 3 per family (Std)	<input type="checkbox"/> Exclude	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$250			<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$500	<b>Lifetime Maximum</b>		<input type="checkbox"/> 1 X's Salary to a Maximum* of \$ _____
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> 2 X's Salary to a Maximum* of \$ _____
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000,000(Std)		<input type="checkbox"/> 3 X's Salary to a Maximum* of \$ _____
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$ _____		*Maximum available guaranteed issue is \$100,000
<input type="checkbox"/> \$10,000			<input type="checkbox"/> \$ _____
<input type="checkbox"/> \$25,000			
<input type="checkbox"/> _____			

Please answer the following questions. If your answer to any question is yes, please give details in the space provided. Attach 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 US\$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

