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℠
Global Educators Medical℠

INTERNATIONAL MEDICAL GROUP

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®")

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

☐ $0
☐ $100
☐ $250
☐ $500
☐ $1,000
☐ $2,500
☐ $5,000
☐ $10,000
☐ $25,000
☐ _____

Max. Deductible

☐ 2 per family
☐ 3 per family (Std)

Lifetime Maximum

☐ $1,000,000
☐ $5,000,000(Std)
☐ $_____

Coverage in the US/Canada

☐ Include (Std)
☐ Exclude

Life Insurance Benefit*

☐ $10,000
☐ $25,000
☐ $50,000
☐ 1 X's Salary to a Maximum* of $_____
☐ 2 X's Salary to a Maximum* of $_____
☐ 3 X's Salary to a Maximum* of $_____

*Maximum available guaranteed issue is $100,000

☐ $_____

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

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 LISTING

Sex	Employee Name	Coverage Needed*	Date of Birth	Annual Salary**	Nationality	Country of Residence

***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**

International Medical Group®, Inc. 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 I acknowledge 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 GEM.

Applicant Signature_____ Date_____

Printed Name_____ Title_____

Agent Signature_____ Date_____

Are you the broker of record? ☐ Yes ☐ No

Agency MARTADINATA CIUNGWANARA Agent Name MARTADINATA CIUNGWANARA IMG Agent # 56047
Address Taman Anggrek 21H1
City Bandung State/Province Country Indonesia Postal Code 40232
Telephone 62818898201 E-mail ciung79@hotmail.com

 Updated 05/06