



GLOBAL MEDICAL INSURANCE®



Global Peace of Mind®

A long-term, worldwide medical insurance program for individuals and families.

Plan Options:

Bronze
Silver
Gold
Gold Plus
Platinum



Global Medical Insurance®

Worldwide Coverage. World-Class Services.

Being a global citizen can be an exciting experience, but it also comes with potential complications. Your health care while traveling should not be one of those concerns. With Global Medical Insurance, a revolutionary program from International Medical Group® (IMG®), you will receive the worldwide medical coverage you need, backed by the world-class services you expect.

Global Medical Insurance allows you to choose from several plan options, customize your length and area of coverage and select from multiple deductibles and modes of payment. With your medical history in mind, the program provides different underwriting methods to extend medical coverage to you that may be declined by other companies.

With IMG, you will rest assured knowing that we have a dedicated department working to keep your insurance as affordable as possible. The costs of health care are rising, but we are committed to controlling those costs. As part of that commitment, IMG offers a Medical Concierge program, an unparalleled service that saves you on out-of-pocket medical expenses. We also offer a cash incentive and to waive 50% of your deductible for choosing to receive treatment from some of the best medical facilities outside the U.S.

You need the proper worldwide coverage, provided by a company that's there for you when you need us most. When you select Global Medical Insurance, you receive IMG's promise to deliver exceptional medical benefits, medical assistance and service — all designed to give you Global Peace of Mind®.

A Company and a Program
Designed to Meet Your Total Needs



Why IMG?

For more than 25 years, IMG has provided global benefits and assistance services to millions of members in almost every country. We're committed to being there with our members wherever they may be in the world, helping to deliver Global Peace of Mind. With 24/7 medical management services, multilingual claims administrators and highly trained customer service professionals, IMG is confident in its ability to provide the products international members need, backed by the services they want.



Global Family of Companies. Through our global family of companies, IMG can provide medical management services, trip cancellation programs, stop loss insurance, and 24/7 emergency medical and travel assistance.



Financial Stability. Our globally recognized underwriters, A-rated Sirius International Insurance Corporation (publ) and certain underwriters at Lloyd's, offer the financial security and reputation demanded by international consumers.



Service Without Obstacles. With a team of international, multilingual specialists, we are accustomed to working in multiple time zones, languages and currencies. Our global reach means we can work without barriers.



Accessible Technology. Log on to the secure, 24-hour online portal, MyIMGSM, to submit and view your claims, manage your account, search for providers, Live Chat with representatives and more.



International Provider AccessSM (IPA). In addition to our expansive PPO network available for treatment received within the U.S., our proprietary IPA network of more than 17,000 accomplished physicians and facilities allows you to access quality care worldwide. Our direct billing arrangements can also ease the time and upfront expense at select providers.



International Emergency Care. When you're away from home and a medical emergency occurs, you may not be able to wait for regular business hours. With our on-site medical staff, you have 24-hour access to highly qualified coordinators of emergency medical services and international treatment.

Why Global Medical Insurance?

- **Five plan options** - *Bronze, Silver, Gold, Gold Plus and Platinum* - and additional, optional coverages
- **Choice of coverage area** - *Worldwide or Worldwide Excluding the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan* - to reflect your geographic area of need
- **Flexible underwriting** that fits your needs
- **Emergency benefits** backed by the services of an accredited, on-site clinical staff
- **Premium modes** - *Monthly, Quarterly, Semi-Annual, and Annual* - to schedule the frequency of payment that meets your needs. Get the most affordable rate when you select annual payment.
- **Multiple deductible options** - *\$100 (Platinum plan option), \$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000, \$25,000 (Gold, Gold Plus, and Platinum plan options)* - to accommodate your financial resources.
- **Freedom to choose** your own health care provider, no matter where you are in the world

Summary Schedule of Benefits

The following is a summary schedule of benefits for eligible medical expenses. Benefits are subject to maximums, deductible and coinsurance unless otherwise noted. **NA** (Not Applicable).

Benefit	Bronze	Silver	Gold <i>(1st 36 months of continuous coverage)</i>	Gold <i>(Beginning the 1st day of the 37th month)</i>	Gold Plus	Platinum
Lifetime Maximum Limit	\$1,000,000 per individual	\$5,000,000 per individual	\$5,000,000 per individual	\$5,000,000 per individual	\$5,000,000 per individual	\$8,000,000 per individual
Deductible <i>(Per period of coverage)</i>	\$250 to \$10,000	\$250 to \$10,000	\$250 to \$25,000	\$250 to \$25,000	\$250 to \$25,000	\$100 to \$25,000
Deductible Carry Forward	Included	Included	Included	Included	Included	Included
Treatment outside the U.S.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.
Treatment inside the U.S. using Medical Concierge	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.	50% of deductible waived, up to a maximum of \$2,500. No coinsurance.
Treatment inside the U.S. - PPO Network	Subject to deductible. No coinsurance.	Subject to deductible. No coinsurance.	Subject to deductible. No coinsurance.	Subject to deductible. No coinsurance.	Subject to deductible. No coinsurance.	Subject to deductible. No coinsurance.
Treatment inside the U.S. - Non-PPO Network	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage.	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage.	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage.	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage.	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage.	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage.
Hospitalization/ Room & Board	<u>In U.S.</u> - 100% of average semi-private room rate. <u>Outside of U.S.</u> - 100% of private room rate (not to exceed 150% of semi-private room rate).	<u>In U.S.</u> - 100% of average semi-private room rate. <u>Outside of U.S.</u> - 100% of private room rate (not to exceed 150% of semi-private room rate). All subject to \$600 per day - 240 day max.	<u>In U.S.</u> - 100% of average semi-private room rate. <u>Outside of U.S.</u> - 100% of private room rate (not to exceed 150% of semi-private room rate).	Up to a limit of \$2,250 per day	<u>In U.S.</u> - 100% of average semi-private room rate. <u>Outside of U.S.</u> - 100% of private room rate (not to exceed 150% of semi-private room rate).	Private room rate
Intensive Care Unit	100%	\$1,500 per day - 180 days of coverage per event	100%	Up to a limit of \$4,500 per day	100%	100%
Surgery	100%	100%	100%	100%	100%	100%
Assistant Surgeon	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge
Outpatient <i>1) Office visits 2) Diagnostic/X-Ray</i>	1) Specialists/consultants (pre-inpatient) - up to \$500 prior to inpatient treatment; Specialists/consultants (post-inpatient) - up to \$500 following outpatient surgery or inpatient treatment for 90 days after leaving hospital. 2) Lab tests - up to \$300 per visit; Diagnostic X-Rays limited to \$250 per visit. No family doctor coverage.	1) 25 visits: \$70 doctor/specialist maximum limit; \$60 psychiatrist maximum limit; \$50 chiropractor maximum limit; \$500 surgery intervention consultation maximum limit 2) \$250 X-Ray per exam maximum limit; \$300 lab tests per exam maximum limit.	100%	1) Physician Charges - limit of \$150 per visit; Hospital Charge - \$100 co-pay unless admitted; Urgent Care Facility - \$25 co-pay. 2) Diagnostic Lab and X-Rays limited to \$5,000 per period of coverage.	100%	100%
Chemotherapy or Radiation Therapy	URC	URC	URC	\$10,000 Maximum per Period of Coverage, \$50,000 Lifetime Maximum	URC	URC

Summary Schedule of Benefits *(Continued)*

Benefit	Bronze	Silver	Gold <i>(1st 36 months of continuous coverage)</i>	Gold <i>(Beginning the 1st day of the 37th month)</i>	Gold Plus	Platinum
Transplants	\$250,000 lifetime maximum	\$250,000 lifetime maximum	\$1,000,000 lifetime maximum	\$500,000 lifetime maximum	\$1,000,000 lifetime maximum	\$2,000,000 lifetime maximum
Emergency Room Illness <i>(Additional \$250 deductible if not admitted as an inpatient)</i>	Covered only if admitted as Inpatient	100%	100%	100%	100%	100%
Emergency Room Accident	100%	100%	100%	100%	100%	100%
Supplemental Accident	NA	NA	\$300 of Eligible Medical Expenses following an accident	\$300 of Eligible Medical Expenses following an accident	\$300 of Eligible Medical Expenses following an accident	\$500 of Eligible Medical Expenses following an accident
Local Ambulance due to Injury or Illness resulting in Hospitalization	\$1,500 maximum limit per event - not subject to deductible or coinsurance.	\$1,500 maximum limit per event - not subject to deductible or coinsurance.	100%	\$100 maximum limit per event - not subject to deductible or coinsurance.	100%	100%
Mental/Nervous	NA	Outpatient after 12 months of continuous coverage.	\$10,000 per period - \$50,000 maximum - Available after 12 months of continuous coverage.	\$30,000 lifetime maximum, and \$2,500 maximum per period of coverage. <u>Additional Sub-limit:</u> Inpatient: limited to 25 days per period of coverage. Outpatient: Plan pays 70% of Eligible Medical Expenses up to \$75 maximum per visit. Limited to 20 visits per period of coverage.	\$10,000 maximum per period of coverage with a \$50,000 lifetime maximum - Available after 12 months of continuous coverage.	\$50,000 lifetime maximum - Available after 12 months of continuous coverage.
Emergency Evacuation	Up to \$50,000 maximum per period of coverage. Not subject to deductible or coinsurance.	\$50,000 maximum per period of coverage. Not subject to deductible or coinsurance.	Up to maximum limit. Not subject to deductible or coinsurance.	\$250,000 maximum per period of coverage. Not subject to deductible or coinsurance.	Up to maximum limit. Not subject to deductible or coinsurance.	Up to maximum limit. Not subject to deductible or coinsurance.
Emergency Reunion	\$10,000 lifetime maximum	NA	\$10,000 lifetime maximum	\$10,000 lifetime maximum	\$10,000 lifetime maximum	\$10,000 lifetime maximum
Return of Mortal Remains	\$10,000 lifetime maximum - not subject to deductible or coinsurance.	\$25,000 lifetime maximum - not subject to deductible or coinsurance.	\$25,000 lifetime maximum - not subject to deductible or coinsurance.	\$15,000 lifetime maximum - not subject to deductible or coinsurance.	\$25,000 lifetime maximum - not subject to deductible or coinsurance.	\$50,000 lifetime maximum - not subject to deductible or coinsurance.
Remote Transportation	NA	NA	NA	NA	NA	Up to \$5,000 per period of coverage up to \$20,000 lifetime maximum
Political Evacuation and Repatriation	NA	NA	NA	NA	NA	Up to \$10,000 lifetime maximum
Child Wellness <i>(Through age 18)</i>	NA	3 visits per period of coverage - \$70 maximum per visit. Available after 12 months of continuous coverage.	\$200 maximum per period of coverage - not subject to deductible or coinsurance. Available after 12 months of continuous coverage.	\$200 maximum per period of coverage - not subject to deductible or coinsurance.	\$200 maximum per period of coverage - not subject to deductible or coinsurance. Available after 12 months of continuous coverage.	\$400 maximum per period of coverage - not subject to deductible or coinsurance. Available after 6 months of continuous coverage.
Adult Wellness <i>(Age 19 or older)</i>	NA	NA	\$250 per period of coverage - not subject to deductible or coinsurance. Available after 12 months of continuous coverage.	\$250 per period of coverage - not subject to deductible or coinsurance.	\$250 per period of coverage - not subject to deductible or coinsurance. Available after 12 months of continuous coverage.	\$500 per period of coverage - not subject to deductible or coinsurance. Available after 6 months of continuous coverage.
Recreational Scuba	NA	NA	100%	100%	100%	100%

Summary Schedule of Benefits *(Continued)*

Benefit	Bronze	Silver	Gold <i>(1st 36 months of continuous coverage)</i>	Gold <i>(Beginning the 1st day of the 37th month)</i>	Gold Plus	Platinum
Rx Coverage	<u>Inpatient:</u> 100%. <u>Outpatient:</u> Available for 90 days following related inpatient treatment or outpatient surgery. \$600 outpatient maximum limit per inpatient event.	100%	100%	\$5,000 per period of coverage - outpatient only. 90-day supply per prescription.	100%	Outside U.S. - 100%. Inside U.S. - Rx drug card co-pay: \$20 for generic / \$40 for brand name where generic is not available.
Physical Therapy	<u>Inpatient:</u> 100% <u>Outpatient:</u> \$40 maximum limit per visit, and 10 visit per event, available for 90 days following Inpatient Treatment or Outpatient Surgery.	Maximum \$40 per visit - 30 visit maximum.	Maximum \$50 per visit.	Maximum \$50 per visit - \$1,000 maximum per period of coverage. \$10,000 lifetime maximum.	Maximum \$50 per visit.	Maximum \$50 per visit.
Complementary Medicine	NA	NA	Acupuncture \$150; Aroma Therapy \$50; Herbal Therapy \$50; Magnetic Therapy \$75; Massage Therapy \$150; Vitamin Therapy \$100. Each per period of coverage. Not subject to deductible or coinsurance.	Acupuncture \$150; Aroma Therapy \$50; Herbal Therapy \$50; Magnetic Therapy \$75; Massage Therapy \$150; Vitamin Therapy \$100. Each per period of coverage. Not subject to deductible or coinsurance.	Acupuncture \$150; Aroma Therapy \$50; Herbal Therapy \$50; Magnetic Therapy \$75; Massage Therapy \$150; Vitamin Therapy \$100. Each per period of coverage. Not subject to deductible or coinsurance.	Acupuncture \$150; Aroma Therapy \$50; Herbal Therapy \$50; Magnetic Therapy \$75; Massage Therapy \$150; Vitamin Therapy \$100. Each per period of coverage. Not subject to deductible or coinsurance.
Non-Emergency Dental	Optional Rider	Optional Rider	Optional Rider	Optional Rider	Optional Rider	\$750 maximum per period of coverage; \$50 individual deductible per period of coverage. Schedule of Benefits: Class I 90% (deductible is waived); Class II 70%; Class III 50%; 6-month waiting period.
Emergency Dental due to Accident	\$1,000 per period of coverage	\$1,000 per period of coverage	100%	\$500 per period of coverage	100%	100%
Emergency Dental due to Sudden Unexpected Pain	NA	NA	\$100 per period of coverage	\$100 per period of coverage	\$100 per period of coverage	See Non-Emergency Dental benefit.
Vision	Optional Rider	Optional Rider	Optional Rider	Optional Rider	Optional Rider	Exams - up to \$100 maximum per 24 months. Materials - up to \$150 per 24 months.
Maternity <i>Delivery, wellness, new born care & congenital disorders, Family Matters Maternity Program (available after 10 months of coverage)</i>	NA	NA	NA	NA	NA	\$2,500 deductible per pregnancy. \$50,000 lifetime maximum. \$200 newborn wellness benefit for the first 12 months after birth. Newborn care & congenital disorders maximum of \$250,000 for the first 31 days after birth.
Hospital Indemnity <i>(Outside the U.S. only)</i>	<u>Private Hospitals:</u> \$400 per overnight and \$4,000 maximum limit per period of coverage. <u>Public Hospitals:</u> \$500 per overnight and \$5,000 maximum limit per period of coverage.	<u>Private Hospitals:</u> \$400 per overnight and \$4,000 maximum limit per period of coverage. <u>Public Hospitals:</u> \$500 per overnight and \$5,000 maximum limit per period of coverage.	<u>Private Hospitals:</u> \$400 per overnight and \$4,000 maximum limit per period of coverage. <u>Public Hospitals:</u> \$500 per overnight and \$5,000 maximum limit per period of coverage.	<u>Private Hospitals:</u> \$400 per overnight and \$4,000 maximum limit per period of coverage. <u>Public Hospitals:</u> \$500 per overnight and \$5,000 maximum limit per period of coverage.	<u>Private Hospitals:</u> \$400 per overnight and \$4,000 maximum limit per period of coverage. <u>Public Hospitals:</u> \$500 per overnight and \$5,000 maximum limit per period of coverage.	<u>Private Hospitals:</u> \$400 per overnight and \$4,000 maximum limit per period of coverage. <u>Public Hospitals:</u> \$500 per overnight and \$5,000 maximum limit per period of coverage.
Pre-Existing Conditions Limitation	Excluded	\$50,000 lifetime maximum; \$5,000 per period of coverage after 24 months	\$50,000 lifetime maximum; \$5,000 per period of coverage after 24 months	\$50,000 lifetime maximum; \$5,000 per period of coverage	\$50,000 lifetime maximum; \$5,000 per period of coverage after 24 months	Same as any illness

Optional Coverage

Global Medical Insurance is designed to help protect individuals and families from the high cost of medical expenses. In addition to tailored benefits packages, the program offers several optional coverages. You may review and choose any from the following list that meet your needs. To apply, simply add in the appropriate information and premiums, as outlined in the application, into the calculation for the total premium due.

Rider	Description	
Global Term Life Insurance <i>(Amounts shown are the Principal Sums per unit)</i>	Age 31 days - 18 years: \$5,000 Age 19 - 29 years: \$75,000 Age 30 - 39 years: \$50,000 Age 40 - 44 years: \$35,000 Age 45 - 49 years: \$25,000 Age 50 - 54 years: \$20,000 Age 55 - 59 years: \$15,000 Age 60 - 64 years: \$10,000 Age 65 - 69 years: \$7,500	
Accidental Death & Dismemberment (AD&D) - included with Global Term Life Insurance	Accidental Loss of Life: Principal Sum* Accidental Total Loss of 2 Members**: Principal Sum* Accidental Total Loss of 1 Member**: 50% of Principal Sum* <i>(* Benefit based on age at time of death ** "Member" means hand, foot or eye)</i>	
Terrorism <i>(Platinum plan option)</i>	\$50,000 lifetime maximum for Eligible Medical Expenses arising out of Injury or Illness incurred by the Insured as a result of or in connection with an act of terrorism <i>(Refer to rider for more details)</i>	
Adventure Sports <i>(Gold Plus and Platinum plan options)</i>	\$25,000 lifetime coverage for adventure sports <i>(Refer to rider for a comprehensive list of adventure sports excluded)</i>	
Dental & Vision <i>(Bronze, Silver, Gold, Gold Plus plan options)</i>	Dental \$750 calendar maximum \$50 deductible (max. 2 per family) Class I - 90% (deductible is waived), Class II - 70%, Class III - 50% 6 month waiting period	Vision Exams - up to \$100 per 24 months Materials - up to \$150 per 24 months



Comprehensive World-Class Services

■ Medical Concierge

Whether you are seeking care at a local facility or in an unfamiliar location, quality of care is a primary concern. IMG's Medical Concierge program is designed to provide you with critical information and to assist you in making the right decision for treatment. Your personal Medical Concierge will review your specific non-emergency medical condition and provide you with information on provider ratings, past outcomes and general costs — all in the area where you are planning treatment.

You will be entitled to receive a reduction in your deductible for utilizing this unique medical service while in the United States. This level of individualized service is unmatched in the international arena.

■ MyIMGSM

MyIMG is a proprietary online service located at myimg.imgglobal.com that allows you to manage your IMG accounts, 24 hours a day, seven days a week, from anywhere in the world. Some features include:

- » Submission and management of claims
- » Access to Explanations of Benefits (EOBs)
- » Initiate precertification
- » Access Customer Care via Live Chat, email or telephone
- » Locate and recommend a provider/facility
- » Obtain ID cards and other insurance documents

■ Teladoc

Teladoc provides access to a national network of board-certified doctors and pediatricians in the U.S. who are available 24 hours a day, seven days a week, 365 days a year to help diagnose, treat and prescribe medication (*when necessary and available*) for many non-emergent medical issues via phone or online video consultations. Teladoc does not replace existing primary care physician relationships, but supplements them as a convenient, affordable alternative for non-emergency medical care. The use of Teladoc will be considered as Treatment inside the U.S. - PPO Network. (*Available only when Worldwide coverage is purchased*)

■ Universal Rx Pharmacy Discount Savings

This discount savings program allows you 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 program is not insurance coverage. It is purely a discount program.

■ eDocAmerica

The Platinum plan option offers you direct access to eDocAmerica, a worldwide medical information service, which allows you to communicate with licensed physicians, psychologists, pharmacists, dentists, dieticians and fitness trainers free of charge 24 hours a day. eDocAmerica's services result in saved office visits, peace of mind, confidence to act, and ultimately an informed, empowered member.

■ The Family Matters® Maternity Program

This program is designed to provide you with educational information on your pregnancy, and suggestions for a healthy lifestyle for the expecting mom and family. A complimentary copy of the book "What to Expect When You're Expecting" is provided to help answer the day-to-day questions faced by all expectant families. This program can also assist you in early detection of potential pregnancy complications, and encourage proper prenatal medical treatment. (*Available on the Platinum plan option only*)

■ Global Concierge and Assistance Services

The Platinum plan option provides you with more than just insurance protection. You also have exclusive access to a list of additional emergency travel assistance services handled by a dedicated service team available 24/7. Some of the assistance services provided include:

- | | |
|---|--|
| » Emergency travel arrangements | » Medical referrals |
| » Lost passport/travel documents assistance | » 24-hour medical monitoring |
| » Lost luggage assistance | » Emergency cash transfer and emergency translations |
| » Embassy or consulate referrals | » Legal referrals |
| » Emergency message relay | |
| » Emergency prescription replacement | |





Wherever you are in the world,
IMG is there with you.



*Coverage you can
count on, with 24/7
service anywhere in
the world*

Eligibility

Global Medical Insurance is available to individuals and families of all nationalities. U.S. citizens must plan to be residing outside U.S. on or before their effective date and renewal dates, and for at least six (6) out of the next 12 months. Additional eligibility restrictions apply to non-U.S. citizens residing in the U.S. Persons from the ages of 14 days to 74 years old may apply for coverage, and coverage ends at age 75. Persons 75 years of age and older are not eligible for coverage. Please see a sample contract for further details.

For families, when both parents are covered under Global Medical Insurance, two eligible dependent children from the ages of 14 days to 9 years are covered at no additional premium cost for the first year of coverage. On the first renewal date, premium will be 50% of the future published rate. Each person requesting coverage must complete the information required in the application.

Renewal of Coverage

Subject to the terms of the plan, Global Medical Insurance is annually renewable and coverage is continuous when approved. Prior to the end of each period of coverage (12 months) you will receive renewal information. You must continue to meet the eligibility requirements outlined in the contract in order to apply to renew. You have the option to renew online or you may complete a paper renewal form. There are no additional medical questions at renewal, and we can work with you to provide flexible renewal options. Please select your deductible and plan option carefully, as you will be unable to select a lower deductible or increase your plan option when you renew your coverage.

Lifetime Coverage

Lifetime medical coverage is available if you are enrolled in the Global Medical Insurance program by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday you will receive a summary of benefits for a new plan, Global Senior Plan®, and an enrollment form for coverage. There is no additional medical underwriting. You simply need to review the benefits, and promptly complete and return the enrollment form with your premium.

Enrollment

To apply for Global Medical Insurance, simply complete and return the Application. If you are applying as a family, you may include yourself, your spouse and dependents on one application. If you have dependents who are 19 and older, you must complete a separate application for those individuals. You must accurately complete all questions outlined in the application in order to be considered for coverage.

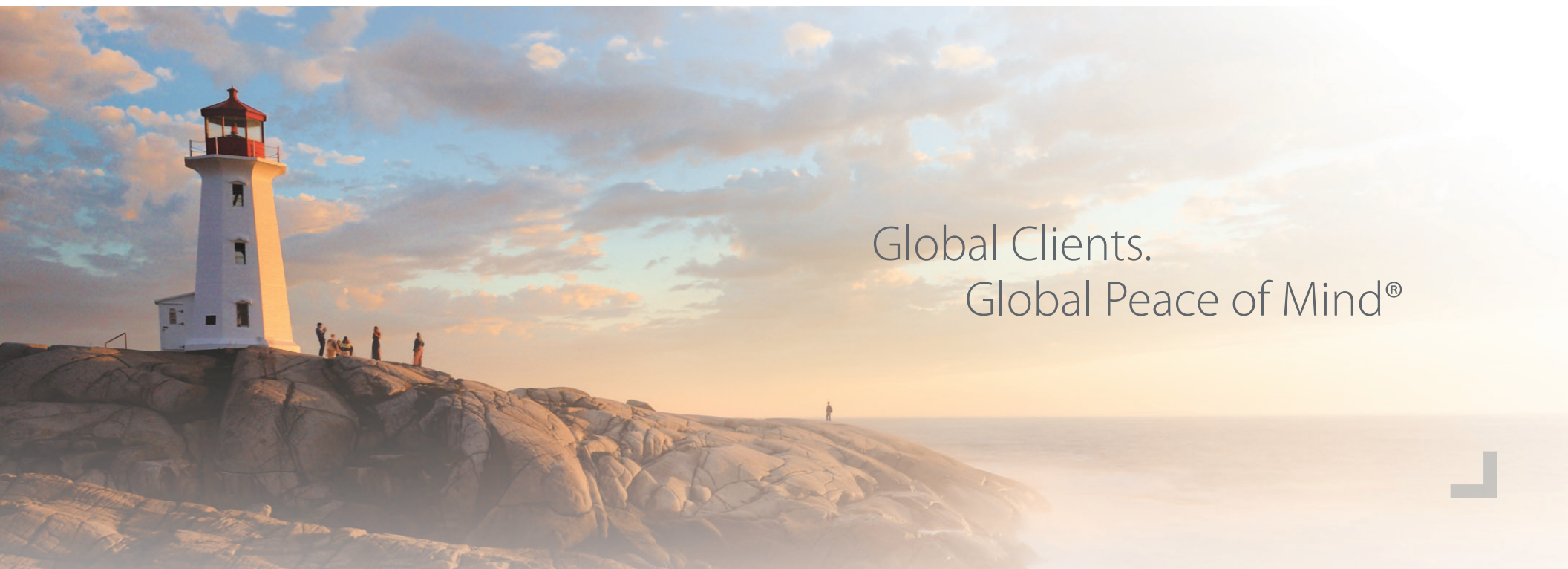
If approved, you will receive a fulfillment kit, which includes an identification card, declaration of insurance and a Certificate Wording containing a complete description of benefits, exclusions and terms of the plan. You are required to notify IMG, as required by the terms of the plan, if you or any family member suffers from or is treated for any illness, injury or other medical condition between the time of your application and the issuance of the certificate. If your application is not approved, you will receive a full refund of any premium received by IMG. For additional information, please contact your independent insurance producer.

Quality Guarantee

To ensure your satisfaction, once you are accepted in the plan, we provide a 15-day free look period to review the coverage. If during that 15-day period you find that you are not satisfied with the plan for any reason, you may submit a written request for cancellation and full refund of your premium received by IMG. See the Certificate Wording for full details.

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): This insurance is not subject to, and does not provide benefits required by PPACA. As of January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is an insured person's sole and exclusive responsibility to determine the insurance requirements applicable to them, and the Company and IMG shall have no liability whatsoever, including for any penalties a person may incur, for failure to obtain coverage required by any applicable law including without limitation PPACA. For information on whether PPACA applies to you or whether you are eligible to purchase Global Medical Insurance, please see IMG's Frequently Asked Questions at www.imglobal.com/en/client-resources/PPACA-FAQ.aspx.





Global Clients.
Global Peace of Mind®





International Medical Group, Inc.
P.O. Box 88509
Indianapolis, IN 46208-0509 USA
Telephone: +1 317 655 4500
or +1 866 368 3724
Fax: +1 317 655 4505
Email: insurance@imglobal.com

Producer Contact Info

MARTADINATA CIUNGWANARA
Taman Anggrek 21H1
Bandung 40232 Indonesia
Phone: 62818898201
ciung79@hotmail.com
<http://www.klikasuransi.com>

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the insurance contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations, and exclusions in the insurance contract.

Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

This brochure contains many of the valuable trademarks, names, titles, logos, images, designs, copyrights and other proprietary materials owned and registered and used by of International Medical Group, Inc. and its representatives throughout the world. © 2007-2016 International Medical Group, Inc. All rights reserved.