

gateway℠

Patriot Multi-Trip℠

Travel Medical Insurance

MERCER

Travel medical insurance for individuals, families and groups of five or more taking multiple trips annually

WWW.IMGLOBAL.COM

IMG™



WHY IMG?

International Medical Group® (IMG®), an award-winning provider of global insurance benefits and assistance services for more than 25 years, enables its members to worry less and experience more by delivering the protection they need, backed by the support they deserve. IMG offers a full line of international medical insurance products, as well as trip cancellation programs, stop loss insurance, medical management services and 24/7 emergency medical and travel assistance — all designed to provide members Global Peace of Mind® while they're away from home.

Global Support. With offices and partners across the globe, IMG provides the support you need, when you need it. In fact, it's our corporate mission to be there to protect and enhance your health and well-being.

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. IMG's team of international, multilingual specialists is 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, MyIMG℠, to submit and view your claims, manage your account, search for providers, Live Chat with representatives and more.

International Provider Access℠ (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 CHOOSE PATRIOT MULTI-TRIP

Accidents and emergencies happen — and when they do, you wouldn't want to be hundreds or thousands of miles away from home without the proper coverage. Most people assume they will be covered by their standard health insurance when they travel internationally, but that isn't always the case. While traditional plans may offer adequate domestic coverage, they are not designed for international travel. Without even realizing it, you may be putting your health at risk.

Don't let your medical coverage be an uncertainty. Travel with IMG's Patriot Multi-Trip℠ Travel Medical Insurance so you can spend more time enjoying your international experience and less time worrying about your medical coverage.

Patriot Multi-Trip is designed for individuals, families, and groups of five or more who travel frequently outside of their home country throughout the year. The annual plan — renewable up to a total of 36 months — is availalbe for U.S. and non-U.S. citizens who are younger than age 76.

ADDITIONAL WORLD-CLASS SERVICES

My*IMG*℠

Service at your fingertips anytime, anywhere — that's what MyIMG provides. MyIMG is our online member portal that allows you to easily access and manage your insurance information. Our service centers in the U.S. and Europe are always available to handle medical emergencies, but through MyIMG, you have immediate access to a wealth of information about your account and plan, and can manage routine areas to help you save time when you may need it most. Key features include:

- Manage your claims
- Initiate precertification
- Locate a provider
- Obtain plan documents
- Request ID cards
- Recommend a provider/facility

Universal Rx Pharmacy Discount Savings

This discount savings program allows you to purchase prescriptions at one of more than 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.*

PLAN INFORMATION & HIGHLIGHTS

Maximum Limit	$1,000,000
Maximum Limit for travelers age 70-75	$50,000
Individual Deductible	$250 per each covered illness
Coinsurance - Treatment Received Outside of the U.S. & Canada	No coinsurance
Coinsurance - Treatment Received Within the U.S. & Canada	**In the PPO Network** - The plan pays 90% of eligible medical expenses up to $5,000, then 100% up to the maximum limit **Out of the PPO Network** - The plan pays 80% of eligible medical expenses up to $5,000, then 100% up to the maximum limit
Benefit Period	$5,000 for a maximum of 30 days with proof of current medical insurance
MyIMG℠	24-hour secure access from anywhere in the world to manage your account
World-Class Medical Benefits	Coverage available for inpatient and outpatient medical expenses
International Emergency Care	A wide range of international emergency benefits, including emergency medical evacuation, emergency reunion, return of mortal remains, return of minor children and more

SCHEDULE OF BENEFITS *(All coverages, benefits and premium amounts shown are in U.S. dollars.)*

MEDICAL BENEFITS *Usual, reasonable and customary charges. Subject to deductible and coinsurance when applicable.*

Hospital Room and Board	Up to the maximum limit for average semi-private room rate
Intensive Care	Up to the maximum limit
Medical Expenses	Up to the maximum limit
Outpatient Medical Expenses	Up to the maximum limit
Local Ambulance	Up to the maximum limit
Emergency Room Accident	Up to the maximum limit
Emergency Room Illness with Inpatient Admission	Up to the maximum limit
Emergency Room Illness without Inpatient Admission	Up to the maximum limit with additional $250 deductible
Dental - Injury Due to Accident	Up to the maximum limit
Dental - Sudden Dental Emergency	Up to $100
Hospital Daily Indemnity (for U.S. citizens only)	Up to $100 per night up to a maximum of 10 days

INTERNATIONAL EMERGENCY CARE *When coordinated through the plan administrator.*

Emergency Medical Evacuation	Up to the maximum limit
Emergency Reunion	Up to $50,000
Return of Mortal Remains	Up to $50,000
Return of Minor Children	Up to $50,000
Political Evacuation	Up to $10,000
Identity Theft Assistance	Up to $500 per period of coverage

ADDITIONAL BENEFITS

Terrorism	Up to $50,000 lifetime maximum
Sports & Activities Coverage	Up to the maximum limit for basic sports
Sudden and Unexpected Recurrence of a Pre-Existing Condition - Medical	Up to $5,000 per period of coverage
Sudden and Unexpected Recurrence of a Pre-Existing Condition - Emergency Medical Evacuation	Up to $25,000 of eligible costs and expenses
Trip Interruption	Up to $5,000
Common Carrier Accidental Death	$50,000 to beneficiary; maximum of $250,000 per family
Accidental Death & Dismemberment	$25,000 principal sum
Lost Luggage	Up to $50 per item of luggage; maximum of $250

OPTIONAL RIDERS *(Apply to all individuals listed on the application. *The Evacuation Plus rider is only available on individual plans.)*

Adventure Sports Rider (available to insureds up to age 65)	Age 0-49 50-59 60-64	Lifetime Maximum $50,000 $30,000 $15,000
*Evacuation Plus Rider (available to insureds up to age 65)	Non-life-threatening medical evacuation - up to a maximum of $25,000 Natural disaster evacuation - up to a maximum of $5,000	

PLAN RATES - INDIVIDUAL

PATRIOT MULTI-TRIP INTERNATIONAL *(Individual rates for U.S. citizens. Rates are through age 75*)*

Maximum Trip Duration	30 Days Per Trip	45 Days Per Trip
Annual premium	$200	$245
Spouse and two children	$100	$122
Each additional child	$40	$49

PATRIOT MULTI-TRIP AMERICA *(Individual rates for non-U.S. citizens. Rates are through age 75*)*

Maximum Trip Duration	30 Days Per Trip	45 Days Per Trip
Annual premium	$285	$350
Spouse and two children	$145	$180
Each additional child	$57	$70

PLAN RATES - GROUP

PATRIOT MULTI-TRIP INTERNATIONAL *(Group rates for U.S. citizens. Rates are through age 75*)*

Maximum Trip Duration	30 Days Per Trip	45 Days Per Trip
Annual premium	$180	$220
Spouse and two children	$90	$110
Each additional child	$36	$44

PATRIOT MULTI-TRIP AMERICA *(Group rates for non-U.S. citizens. Rates are through age 75*)*

Maximum Trip Duration	30 Days Per Trip	45 Days Per Trip
Annual premium	$255	$315
Spouse and two children	$130	$160
Each additional child	$51	$63

The plan pays a maximum limit of $50,000 for travelers who are 70-75 years old.

RIDER RATES

ADVENTURE SPORTS RIDER *(Available on Patriot Multi-Trip International and Patriot Multi-Trip America plans for individuals and groups)*

Premium per covered insured (annual rate)	$85

EVACUATION PLUS RIDER *(Available on Patriot Multi-Trip International and Patriot Multi-Trip America plans for individuals only.)*

Premium per covered insured (annual rate)	$250

IMG reserves the right to issue the most current rates in the event these expire, are modified or replaced with a newer version. Rates include surplus lines tax where applicable.



CONDITIONS OF COVERAGE

1. The period of coverage is for one year from the effective date of the Certificate of Coverage.
2. Coverage and benefits are subject to the applicable deductible, coinsurance and the other terms and conditions contained in the complete Certificate of Insurance and Master Policy.
3. Coverage under a Patriot Multi-Trip plan is secondary to any other coverage or contractual benefits.
4. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only. Benefits under the plan are available only for injuries and illnesses for which treatment is first obtained during the first 30 or 45 days of each trip based upon the plan chosen.
5. Charges must be administered or ordered by a physician.
6. Charges must be incurred during the period of coverage.
7. Claims must be presented to IMG for payment within 90 days from the date the claim was incurred.

ELIGIBILITY

- **(U.S. citizens)** You, your spouse and children are eligible for a Patriot Multi-Trip International individual or group plan while traveling outside of the United States if you: 1. are under the age of 76, 2. currently have a domestic health insurance policy (either individual or group) and maintain this domestic coverage the entire time while covered under Patriot Multi-Trip plan, and 3. travel outside of the United States frequently throughout the year.
- **(Non-U.S. citizens)** You, your spouse and children are eligible for a Patriot Multi-Trip America individual or group plan while traveling outside of your home country if you: **1)** are under the age of 76, **2)** currently have a domestic health insurance policy (either individual or group) and maintain this domestic coverage the entire time while covered under Patriot Multi-Trip plan, and **3)** travel outside of your home country and/or country of citizenship frequently throughout the year.

RENEWAL OF COVERAGE

The Patriot Multi-Trip individual and group plans may be renewed (unless there is a break in coverage) in increments of 12 months up to a total of 36 continuous months. Any one period of coverage may not exceed 12 months. *Please note: Renewal premium rates may differ from initial rates.*

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 the effective date, for cancellation and refund of premium paid.

ENROLLMENT

To apply, 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 18 years of age or older, you must complete a separate application for those individuals. 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.

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 Patriot Multi-Trip Travel Medical Insurance, please see IMG's Frequently Asked Questions at www.imglobal.com/en/client-resources/PPACA-FAQ.aspx.*

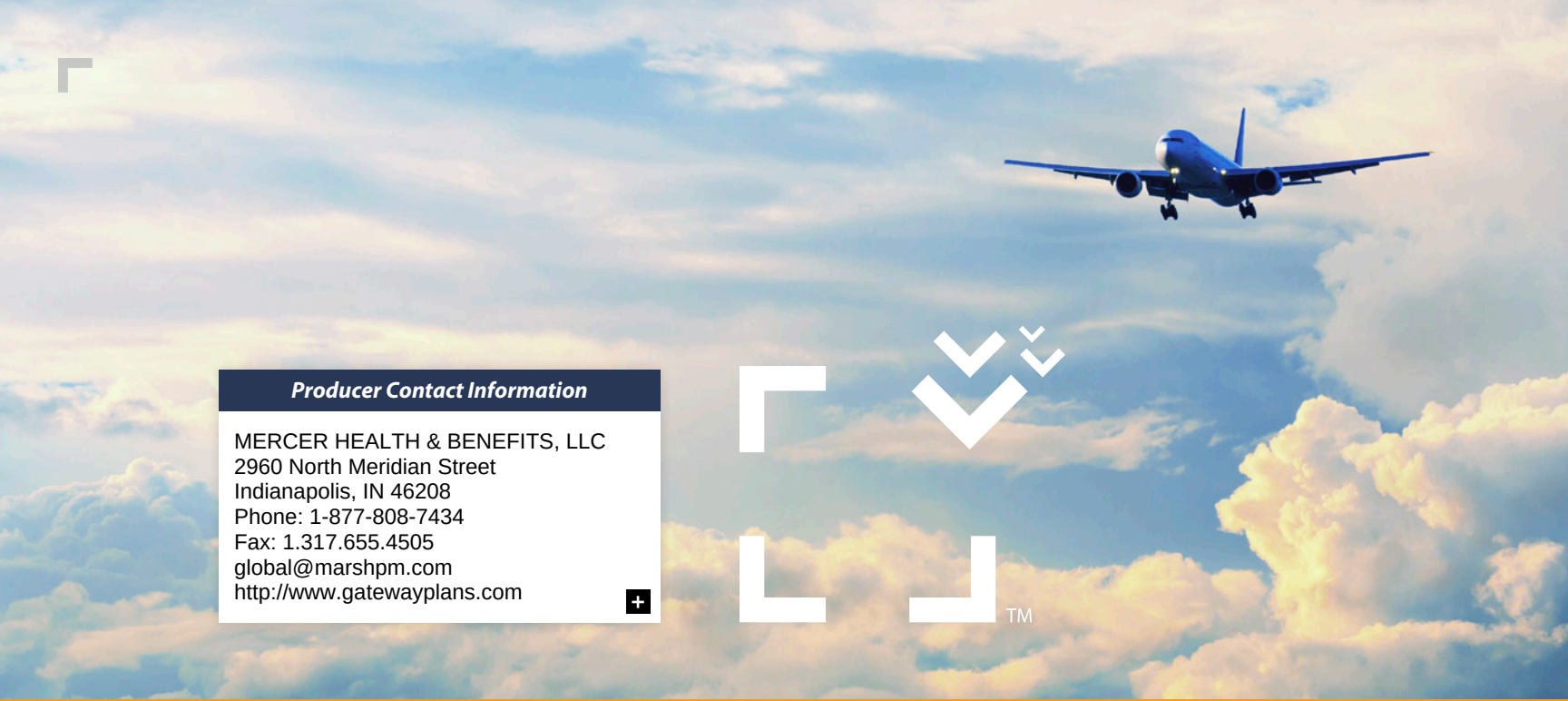
Global Peace of Mind®



Patriot Multi-Trip℠

Travel Medical Insurance

WWW.IMGLOBAL.COM



Producer Contact Information

MERCER HEALTH & BENEFITS, LLC
2960 North Meridian Street
Indianapolis, IN 46208
Phone: 1-877-808-7434
Fax: 1.317.655.4505
global@marshpm.com
http://www.gatewayplans.com

TM

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.

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PATRIOT MULTI-TRIP℠ INDIVIDUAL APPLICATION

Please print legibly and complete ALL SECTIONS *(front and back)* of this application

IMG

1	PRIMARY APPLICANT INFORMATION			
☐ Male ☐ Female	First Name:		Last Name:	Middle:
Government Issued ID Number:			Country of Citizenship:	
Country of Residence:	Home Country:		Destination Country(ies):	

2	FULFILLMENT AND INFORMATION DELIVERY METHOD		
☐ **Communications should be sent via email to:**			
☐ **For mail fulfillment kit, and renewal information** *(if applicable):* **I do not mind the delays associated with receiving the initial communication via regular mail. I prefer to receive a paper copy of the coverage verification letter and insurance contract to the following address:**			
Name:		Address:	
City:	Postal Code:	Country:	
If the address provided is in Florida, is the applicant currently located in Florida? ☐ Yes ☐ No *(Determines applicable surplus lines tax and will not affect coverage)*			

3	PLAN OPTIONS		
Select the coverage plan and maximum trip duration. Check one plan and one option:			
☐ Patriot Multi-Trip America for non-U.S. citizens:	☐ 30 days per trip	☐ 45 days per trip	
☐ Patriot Multi-Trip International for U.S. citizens:	☐ 30 days per trip	☐ 45 days per trip	
Requested Effective Date: ___/___/___ *(month/day/year)*		Date of departure from your Home Country: ___/___/___ *(month/day/year)*	
		Date of return to your Home Country: ___/___/___ *(month/day/year)*	
Applicant's Health Insurance Carrier Information:			
Current Health Insurance carrier:	Current Policy Number:	Expiration date of current coverage:	

4	PREMIUM CALCULATION		
Names of Persons to be insured: *Please attach additional sheet for more children*		Date of Birth *(month/day/year)*	Annual Premium
Applicant		___/___/___	_____
Spouse		___/___/___	+ _____
Child 1		___/___/___	+ _____
Child 2		___/___/___	+ _____
		$20 optional express mail	+ _____
		TOTAL	= _____

5	OPTIONAL RIDERS		
Adventure Sports Rider	$85 x _____ (# of family members applying):		+ _____
Evacuation Plus Rider	$250 x _____ (# of family members applying):		+ _____
	Total Premium:		= _____

Beneficiaries:

If applicants would like to designate a beneficiary, the beneficiary designation form can be accessed via myimg.imglobal.com

APPLICATION FORM CONTINUED ON BACK

PATRIOT MULTI-TRIP® INDIVIDUAL APPLICATION

Please print legibly and complete ALL SECTIONS *(front and back)* of this application

8 SUBSCRIPTION

The undersigned on behalf of the above individuals (applicants) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for the insurance coverage requested above and as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof and as administered by the Company's authorized representative and plan administrator, International Medical Group, Inc. (IMG). The applicants understand and agree: (i) the insurance applied for is not an employee welfare benefit plan, accident & health product, health insurance, major medical, nor a health plan subject to or complying with U.S. laws, but is intended for use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) The applicants must pay premiums for the entire period of coverage in advance, and no coverage will be effective until the required premium has been paid and this application has been accepted in writing by the Company, (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) the Company relies on the accuracy, truthfulness, and completeness of the information provided herein and any misrepresentation or omission contained herein will void the insurance contract and any and all claims and benefits thereunder will be forfeited and waived, (v) by submission of this application and/or any future claim for benefits. The applicants purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any legal proceeding relating to the insurance will be in Marion County, Indiana, for which the applicants hereby consent. The applicants consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the insurance contract.

ACKNOWLEDGMENT. The applicants understand and agree that: (i) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of applicants and IMG acts in fulfillment of its contractual duties to the Company and on behalf of the Company, (ii) the insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the time frame outlined in the contract prior to the effective date, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (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 applicants, the Company or IMG to be resident, located, or expressly to be performed in any particular jurisdiction, 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 and IMG has no direct or independent liability under any insurance contract.

AUTHORIZATION FOR RELEASE OF INFORMATION. The applicants authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to them or on their behalf, has any records or knowledge of their health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of them, and any non-medical information about me, to disclose their entire medical record, file, history, medications, and any other information concerning them and to give any and all such information to their agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries.

CERTIFICATION. The applicants hereby certify, represent and warrant that : (i) they have read the foregoing statements and any marketing materials and sample insurance contract which were made available upon request and prior to the application or that they have been read to them, and the applicants understand them, (ii) they are eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) they are currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which the applicants foresee may require treatment during the insurance or for which the applicants intend to claim under the insurance, and (iv) each applicant is not hospitalized, disabled, or HIV+. If signed as the legal representative of the applicant, the signer warrants their authority and capacity to so act and to bind each applicant. By acceptance of coverage and/or submission of any claim for benefits, each applicant ratifies the authority of the signer to so act and bind the applicants.

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and resident-aliens 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 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 solely the applicants' responsibility to determine the insurance requirements applicable to them and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the applicants may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA.

E-CONSENT. The applicants wish to receive information and communicate electronically, and prefer to use an e-mail address rather than regular mail. The applicants agree IMG, its affiliates, and subsidiaries may provide each insured person with any communications in electronic format, and paper communications are not required, unless and until the applicant withdraws this consent. The applicants unambiguously give consent to the transfer of personal data to entities established in a country outside the EU Member States. This consent is freely given, specific for the administration of coverage and benefits, and an informed indication of the applicants' wishes. The applicants acknowledge and understand the transfer is necessary for the performance of a contract, taken in response to their request, and necessary for the conclusion or performance of a contract concluded in their interest. The applicants also agree it is their responsibility to provide IMG with true, accurate and complete e-mail address, contact, and other information related to my coverage, and to maintain and promptly update any changes in this information. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Insured or Proxy *(Required)* **X**_____	
Date: ___/___/___ *(month/day/year)*	Phone:

9 PAYMENT METHOD

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Wire ☐ Check (To IMG) ☐ Money Order (To IMG) *eCheck (ACH) (available upon request)*

By supplying my account information, I wish to pay the premium by credit card or the designated account for each applicant requesting coverage. If the application is accepted, the credit card or designated account will be billed for the premium at the selected payment mode. By signing and submitting this form, applicant represents and warrants that he/she has the card or account holder's authorization to use the account and, if not, will take full responsibility for the payment and any charges accruing to it. By submitting the signed application, I agree to pay via my credit card or applicable account the premium amount owed and have read and agree to all terms, conditions, and other statements in this application.

Card #:	Expiration Date: ___/___/___ *(month/day/year)*	Cardholder Name:
Signature: (Required)	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		
Payment must be made for the total number of months you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.		

IMG PRODUCER USE ONLY

Producer #: 57691		
Name: MERCER HEALTH & BENEFITS, LLC		
Address: 2960 North Meridian Street		
City: Indianapolis	State: IN	Zip: 46208
Phone: 1-877-808-7434		
Email:		

PATRIOT MULTI-TRIP GROUP℠ APPLICATION

To Enroll

1. Complete all sections and sign application (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

1	GROUP MEMBER'S NAME		Date of Birth *(month/day/year)*	Government Issued ID Number	Group Member's Requested Effective Date *(month/day/year)*	Group Member's Requested Expiration Date *(month/day/year)*	Group Member's Requested Departure Date If Different Than Group *(month/day/year)*	Please indicate below if this person is the group member, spouse or dependent	Annual Premium
	Country of Citizenship	Home Country							
☐1									
☐2									
☐3									
☐4									
☐5									

(attach additional sheets if necessary - all group members, spouses and dependents seeking coverage must be listed to obtain coverage)

3 SELECT THE COVERAGE PLAN AND MAXIMUM TRIP DURATION *(Check one plan and one option)*

☐ **Patriot Multi-Trip Group America for non-U.S. citizens:**
☐ 30 days per trip ☐ 45 days per trip

☐ **Patriot Multi-Trip Group International for U.S. citizens:**
☐ 30 days per trip ☐ 45 days per trip

Applicant's Health Insurance Carrier Information:

Current Health Insurance carrier:	Current Policy Number:	Expiration date of current coverage:

2 PREMIUM CALCULATION

_____ + ($85 x _____ *(# of members applying)* + _____ = _____
Total Annual Premium | Complete ***only*** if you elect the Optional Adventure Sports Rider | $20 ***optional*** express mail | Total amount due

4 SPONSORING ORGANIZATION

Mailing Address:	City:	State:	Postal Code:
Government Issued ID Number:	Phone Number:		
Responsible Officer Contact Name:	Group Name:		
Send confirmation of coverage and communications to the following email:			
☐ **Mail option:** *I do not mind the delays associated with receiving the initial communication via regular mail. I prefer to receive a paper copy of the coverage verification letter and insurance contract.*			
If the address provided is in Florida, is the applicant currently located in Florida? ☐ Yes ☐ No *(Determines applicable surplus lines tax and will not affect coverage)*			

Requested Effective Date: ___/___/___ *(month/day/year)*	Earliest Date of Departure: ___/___/___ *(month/day/year)*
	Requested Expiration Date: ___/___/___ *(month/day/year)*
Purpose of Trip & Program:	Destinations:

Beneficiaries:
If applicants would like to designate a beneficiary, the beneficiary designation form can be accessed via myimg.imglobal.com

PATRIOT MULTI-TRIP GROUP℠ APPLICATION

5 PAYMENT METHOD

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Wire ☐ Check (To IMG) ☐ Money Order (To IMG) *eCheck (ACH) (available upon request)*

By supplying my account information, Sponsor wishes to pay the premium by credit card or the designated account for each applicant requesting coverage. If the application is accepted, the credit card or designated account will be billed for the premium at the selected payment mode. By signing and submitting this form, Sponsor represents and warrants that it has the card or account holder's authorization to use the account and, if not, will take full responsibility for the payment and any charges accruing to it. By submitting the signed application, Sponsor agrees to pay via my credit card or applicable account the premium amount owed and have read and agree to all terms, conditions, and other statements in this application. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Card #:	Expiration Date: ___/___/___ *(month/day/year)*	Cardholder Name:
Signature: *(Required)*	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		

Payment must be made for the total number of months you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

Subscription. The undersigned on behalf of the Sponsor or Organization and the above individuals (collectively "applicants") represents and warrants it is the authorized agent of the applicants and hereby applies and subscribes, for and on behalf of each individual listed on the application form, to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for the insurance coverage requested above and 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 representative and plan administrator, International Medical Group, Inc. (IMG). The applicants, understand and agree: (I) the insurance applied for is not an employee welfare benefit plan, accident & health product, health insurance, major medical, nor a health plan subject to or complying with U.S. laws, but is intended for use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (II) the applicants must pay premiums for the entire period of coverage in advance, and no coverage will be effective until the required premium has been paid and this application has been accepted in writing by the Company, (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) the Company relies on the accuracy, truthfulness and completeness of the information provided herein and any misrepresentation or omission contained herein will void the insurance contract and any and all claims and benefits thereunder will be forfeited and waived, (V) by submission of this application and/or any future claim for benefits, the applicants purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, 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 legal proceeding relating to the insurance will be in Marion County, Indiana, for which the applicants consent. The applicants consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the insurance contract.

Acknowledgment. The applicants understand and agree that: (I) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the applicants and IMG acts in fulfillment of its contractual duties to the Company and on behalf of the Company, (II) the insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the time frame outlined in the contract prior to the effective date, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. (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 applicants, the Company or IMG to be resident, located, or expressly to be performed in any particular jurisdiction, 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 and IMG has no direct or independent liability under any insurance contract.

Authorization for Release of Information. The applicants authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to them or on their behalf, has any records or knowledge of their health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of them, and any non-medical information about them, to disclose their entire medical record, file, history, medications, and any other information concerning them and to give any and all such information to their agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries.

Certification. The applicants hereby certify, represent and warrant that: (i) they have read the foregoing statements, and any marketing materials and sample insurance contract which were made available upon request and prior to the application or that they have been read to them, and the applicants understand them, (ii) they are eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) they are currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition the applicants foresee may require treatment during the insurance or for which the applicants intend to claim under the insurance, and (iv) each applicant is not hospitalized, disabled, or HIV+. If signed as the legal representative of the applicant, the signer warrants his/her authority and capacity to so act and to bind the applicants. By acceptance of coverage and/or submission of any claim for benefits, each applicant ratifies the authority of the signer to so act and bind that applicant.

The applicants represent and warrant that under the insurance offered to the applicants, participation in the program is completely voluntary; the sole functions of the Sponsor with respect to the insurance is, without endorsing the program, to permit the insurer to publicize the program to applicants, to collect premiums and to remit them to the insurer; and the Sponsor receives no consideration in the form of cash or otherwise in connection with the insurance. The Sponsor acknowledges it must and agrees it will disclose certain material, including reports, statements, notices, and other documents, to applicants, beneficiaries and other specified individuals including but not limited to furnishing certain material to all applicants covered under the insurance contract and beneficiaries receiving benefits under the insurance contract at stated times or if certain events occur; furnishing certain material to applicants and beneficiaries upon their request; and making certain material available to applicants and beneficiaries for inspection at reasonable times and places. The Sponsor represents and warrants it will use measures reasonably calculated to ensure actual, prompt receipt of the material by applicants, beneficiaries and other specified individuals.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA). Sponsor has informed all participants that they, and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. The applicants understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) on January 1, 2014, PPACA requires U.S. citizens, U.S. nationals, and resident aliens to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so, (iii) 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, and (iv) the applicants understand that it is solely their responsibility to determine if PPACA is applicable to them, and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the applicants may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA. The Sponsor hereby arranges for insurance to be offered to the applicants, the applicants have voluntarily authorized this action in writing, and the applicants were also given the opportunity to make other arrangements to obtain insurance. These authorizations are kept on file by the Sponsor and will be made available to the Company upon request.

E-Consent. The applicants wish to receive information and communicate electronically, and prefer to use email rather than regular mail. The applicants agree IMG, its affiliates, and subsidiaries may provide the recipient with any communications in electronic format, and paper communications are not required, unless and until the applicant withdraws this consent. The applicants unambiguously give consent to the transfer of personal data to entities established in a country outside the EU Member States. This consent is freely given, specific for the administration of coverage and benefits, and an informed indication of the applicants' wishes. The applicants acknowledge and understand the transfer is necessary for the performance of a contract, taken in response to their request, and necessary for the conclusion or performance of a contract concluded in their interest. The applicants also agree it is their responsibility to provide IMG with true, accurate and complete e-mail address, contact, and other information related to the coverage, and to maintain and promptly update any changes in this information Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Responsible Officer X_____	Date: ___/___/___ *(month/day/year)*

IMG Producer Use Only

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