

**INTERNATIONAL MEDICAL GROUP®**  
**2960 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208**  
**(800) 628-4664 (317) 655-4500 FAX (317) 655-4505**  
**E-MAIL [insurance@imglobal.com](mailto:insurance@imglobal.com)**  
**INTERNET SITE [www.imglobal.com](http://www.imglobal.com)**

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**RE:**

**REF.#**

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Dear Producer:

We have received a Global Medical Insurance® (GMI) application or renewal request from the above individual. Please be aware that this insurance is not available to individuals who are located in The United States unless the individual is not eligible for similar insurance from the local insurance market due to the applicant's residence and/or citizenship. In order to process this application, we need the below Affidavit of Eligibility completed.

If we do not receive your response within 10 business days via fax or mail, we will discontinue processing this application and return any premium deposit to the applicant. Feel free to contact our office with any questions or concerns. Thank you.

INTERNATIONAL MEDICAL GROUP  
UNDERWRITING SERVICES

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## *Affidavit of Eligibility*

*Global Medical Insurance*

(To be completed only for Non-U.S. citizens residing in the U.S.)

Name of Applicant(s): \_\_\_\_\_

I, the undersigned, do hereby Certify that I have attempted to secure medical insurance from not less than three (3) insurers admitted and licensed to do business in the State of FLORIDA for the above named Applicant. Further, not less than three such insurers have declined to provide medical insurance for the above Applicant because of the applicant's residence and/or citizenship. **These three companies are listed below.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
MONTH DAY YEAR  
Date of Signature

\_\_\_\_\_  
Printed Name of Producer