Patriot Platinum Travel Medical Insurance℠

First-class travel medical insurance and travel protection for international travelers

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IMG®

INTERNATIONAL MEDICAL GROUP

Why Consider International Travel Medical Insurance?

Exploring the Grand Canal in Venice by gondola, discovering the breath-taking lakes of Ticino in Switzerland from the foothills of the Alps, taking in the opera at Prague's prestigious National Theatre, admiring some of the greatest masterpieces in the world at the Louvre in Paris, or sending family members on an adventurous vacation backpacking through Europe - whatever your travel destination, you expect and deserve first-class protection and service. But what would happen if you or one of your family members became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical emergency.

Most travelers assume they will be covered by their standard medical plan. The truth is, 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 - and that of your family - at risk.

You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Platinum Travel Medical Insurance℠ plans to provide you and your family superior protection so you can spend more time enjoying your international experience, and less time worrying about your medical coverage.

Why Patriot Platinum℠?

As you expect first-rate protection when you travel, the two Patriot Platinum plans offer a complete package of international benefits available 24 hours a day. **Patriot Platinum International**℠ provides coverage for U.S. citizens traveling outside the U.S. with coverage for brief returns to the U.S., while **Patriot Platinum America**℠ provides coverage for non-U.S. citizens traveling outside their home country. Both plans are available for a minimum of 10 days up to a maximum of three years, in accordance with the terms of the Certificate of Insurance.

Additionally, the plans offer enhanced benefits and services to meet your global travel needs. You can choose from an extensive range of deductibles and Maximum Limits, you have exclusive access to our Global Concierge and Assistance Services℠, and you have access to more than 17,000 providers through our International Provider Access℠ (IPA) when seeking treatment outside the U.S. You can also reduce your out-of-pocket costs when seeking treatment in the U.S. by locating providers through the independent Preferred Provider Organization.

A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the assistance you need no matter where you are. Our goal is to provide you with Coverage Without Boundaries. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel medical insurance needs.

Our service and support sets us apart. Since 1990, we've served more than a million people around the globe - always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're there with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

PLAN INFORMATION & HIGHLIGHTS

Maximum Limits	$1,000,000, $5,000,000, $8,000,000
Individual Deductible	$0, $100, $250, $500, $1,000, $2,500, $5,000, $10,000, $25,000
Family Deductible	Three times the individual deductible
Coinsurance - for treatment received outside the U.S. & Canada	No Coinsurance
Coinsurance - for treatment received within the U.S. & Canada	In the PPO Network - No Coinsurance Out of the PPO Network - The plan pays 90% of eligible expenses up to $5,000, then 100% up to the Maximum Limits
Benefit Period	12 months
Global Concierge & Assistance Services	Access to a dedicated service team for assistance services
My*IMG* ℠	24 hour secure access from anywhere in the world to manage your account at anytime
eDocAmerica	Access to board-certified physicians, licensed psychologists, pharmacists, dentists, dieticians and fitness trainers to assist with any routine health related questions
World-class Medical Benefits	Premium coverage available for in-patient and out-patient medical expenses
International Emergency Care	A wide range of international emergency benefits available including emergency evacuation, emergency reunion, return of mortal remains, return of minor children and more

SCHEDULE OF BENEFITS

All coverages, benefits and premium amounts shown in this booklet 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
Intensive Care	Up to the Maximum Limit
Medical Expenses	Up to the Maximum Limit
Out-patient 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 In-patient Admission	Up to the Maximum Limit
Emergency Room Illness without In-patient 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 $250
Hospital Daily Indemnity	Up to $250 per night for a maximum of 10 days
Supplemental Accident	Up to $300

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator.

Emergency Medical Evacuation	Up to the Maximum Limit
Emergency Reunion	Up to $100,000
Return of Mortal Remains or Cremation/Burial	Up to $100,000 for Return of Mortal Remains or $5,000 for Cremation/Burial
Return of Minor Children	Up to $100,000
Political Evacuation	Up to $100,000
Natural Disaster	$250 per day for five days
Remote Transportation	$5,000 per certificate period $20,000 lifetime maximum
Identity Theft Assistance	Up to $500
Lost / Theft *(Luggage, valuables, personal papers)*	Up to $500
Felonious Assault	Up to $10,000

ADDITIONAL BENEFITS

Terrorism	Up to the Maximum Limit
Sports & Leisure Activities	Up to the Maximum Limit for basic sports
Sudden and Unexpected Recurrence of a Pre-existing Condition - Medical *(for U.S. citizens only)*	Up to age 65 with primary health plan: URC up to plan maximum. Up to age 65 without primary health plan: $20,000 lifetime maximum. Age 65+: $2,500 lifetime maximum
Sudden and Unexpected Recurrence of a Pre-existing Condition - Medical *(for non-U.S. citizens only)*	Up to age 65: $50,000 lifetime maximum for eligible medical expenses. Age 65+: $2,500 lifetime maximum.
Sudden and Unexpected Recurrence of a Pre-existing Condition - Emergency Medical Evacuation	Up to $25,000 of eligible costs and expenses
Incidental Home Country Coverage	Up to a cumulative two weeks
End of Trip Home Country Coverage	One month for every four months of travel coverage, up to a maximum of three months
Trip Interruption	Up to $10,000
Common Carrier Accidental Death	$100,000 per adult, $25,000 per child, maximum of $250,000 per family
Accidental Death & Dismemberment	$50,000 principle sum
Small Pet Common Air Carrier Accidental Death	Up to $500

OPTIONAL RIDERS

With the exception of the Enhanced AD&D Rider, optional riders apply to all individuals listed on the Application Form.

Adventure Sports Rider *(available to insureds up to age 65)*	Age / Lifetime Maximum 0 - 49: $50,000 50 - 59: $30,000 60 - 64: $15,000
Enhanced AD&D Rider *(available to the primary insured only)*	Up to an additional $400,000
Citizenship Return Rider	Up to the Maximum Limit
Personal Liability - Injury to third party	$2,000 limit after $100 deductible
Personal Liability - Damage to third person property	$500 limit after $100 deductible
Evacuation Plus Rider *(available to insureds up to age 65)*	Up to age 65. Non Life-threatening Medical Evacuation: Up to a maximum of $50,000; Natural Disaster Evacuation: Up to a maximum of $10,000

The benefits and riders on pages 3 and 4 are a summary only. Please see pages 10-15 for a list of descriptions.

PATRIOT PLATINUM INTERNATIONAL RATES

Rates are based on a $250 deductible option.
For other deductible options, please see the application.

ONE MONTH RATES (Three Maximum Limit options. Maximums are per covered insured per certificate period.)

Age	Option 1 $1,000,000 One Month	Option 2 $5,000,000 One Month	Option 3 $8,000,000 One Month
18-29	$80	$94	$100
30-39	$105	$123	$131
40-49	$135	$158	$169
50-59	$226	$264	$283
60-64	$298	$349	$373
65-69	$313	$366	$391
70-79*	$321	NA	NA
80+**	$465	NA	NA
Dep. Child	$72	$85	$90
Child Alone	$77	$90	$96

*** Ages 70-79 $100,000 maximum**

**** Ages 80+ $20,000 maximum**

DAILY RATES (10 day minimum)

Age	Option 1 $1,000,000 Daily	Option 2 $5,000,000 Daily	Option 3 $8,000,000 Daily
18-29	$2.70	$3.15	$3.35
30-39	$3.50	$4.10	$4.40
40-49	$4.50	$5.30	$5.65
50-59	$7.55	$8.80	$9.45
60-64	$9.95	$11.65	$12.45
65-69	$10.45	$12.20	$13.05
70-79*	$10.70	NA	NA
80+**	$15.50	NA	NA
Dep. Child	$2.40	$2.85	$3.00
Child Alone	$2.60	$3.00	$3.20

*** Ages 70-79 $100,000 maximum**

**** Ages 80+ $20,000 maximum**

ENHANCED AD&D RIDER MONTHLY RATES*

Up to $100,000 additional coverage	$8
Up to $200,000 additional coverage	$16
Up to $300,000 additional coverage	$24
Up to $400,000 additional coverage	$32

Available to the primary insured only. Available with a minimum purchase of 3 months of medical and AD&D rider coverage. Premium is charged in whole month increments.

EVACUATION PLUS RIDER MONTHLY RATE*

Premium per covered insured per month	$70

Must be purchased for a minimum of 3 months regardless of the minimum number of days being traveled. Premium is charged in whole month increments.

PATRIOT PLATINUM AMERICA RATES

Rates are based on a $250 deductible option.
For other deductible options, please see the application.

ONE MONTH RATES (Three Maximum Limit options. Maximums are per covered insured per certificate period.)

Age	Option 4 $1,000,000 One Month	Option5 $5,000,000 One Month	Option 6 $8,000,000 One Month
18-29	$115	$134	$144
30-39	$151	$177	$188
40-49	$234	$274	$292
50-59	$347	$405	$434
60-64	$412	$481	$515
65-69	$433	$505	$540
70-79*	$444	NA	NA
80+**	$644	NA	NA
Dep. Child	$101	$117	$126
Child Alone	$104	$122	$131

*** Ages 70-79 $100,000 maximum**

**** Ages 80+ $20,000 maximum**

DAILY RATES (10 day minimum)

Age	Option 4 $1,000,000 Daily	Option 5 $5,000,000 Daily	Option 6 $8,000,000 Daily
18-29	$3.85	$4.50	$4.80
30-39	$5.05	$5.90	$6.30
40-49	$7.80	$9.15	$9.75
50-59	$11.60	$13.50	$14.50
60-64	$13.75	$16.05	$17.20
65-69	$14.45	$16.85	$18.00
70-79*	$14.80	NA	NA
80+**	$21.50	NA	NA
Dep. Child	$3.40	$3.90	$4.20
Child Alone	$3.50	$4.10	$4.40

*** Ages 70-79 $100,000 maximum**

**** Ages 80+ $20,000 maximum**

ENHANCED AD&D RIDER MONTHLY RATES*

Up to $100,000 additional coverage	$8
Up to $200,000 additional coverage	$16
Up to $300,000 additional coverage	$24
Up to $400,000 additional coverage	$32

Available to the primary insured only. Available with a minimum purchase of 3 months of medical and AD&D rider coverage. Premium is charged in whole month increments.

EVACUATION PLUS RIDER MONTHLY RATE*

Premium per covered insured per month	$70

Must be purchased for a minimum of 3 months regardless of the minimum number of days being traveled. Premium is charged in whole month increments.

All premium rates are effective as of 4/1/2013. 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. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid. The maximum amount of coverage for applicants who are 70-79 years of age is $100,000. The maximum amount of coverage for applicants 80 years of age or older is $20,000.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the Certificate of Insurance and Master Policy.
2. Coverage under a Patriot Platinum plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in Patriot Platinum Travel Medical Insurance.

- Patriot Platinum Travel Medical Insurance is travel insurance for U.S. citizens traveling outside the United States with coverage for brief returns to the U.S., and for non-U.S. citizens traveling outside their home country.

- For those under 65 years of age and visiting the U.S., your initial Period of Coverage must begin within six months of arrival in the U.S. For those 65 years of age and older, it must begin within 30 days of arrival. These requirements will be waived with proof of previous valid international travel insurance. Prior U.S. domestic health care coverage does not meet this eligibility requirement. Please provide the name of your international insurance carrier on the Application Form. If you are not in the U.S. at the time of application, please indicate your expected date of arrival on your Application Form.

RENEWAL OF COVERAGE

If your Patriot Platinum plan is purchased for a minimum of one month, coverage may be renewed (unless there is a break in coverage) for a total of up to three years. Renewals are available in whole month or daily increments and may be completed online or by using a paper application, however, renewals of less than one month are available only online. For each renewal of less than one month completed online, you will be charged an additional $5 processing fee. Each insured person must only satisfy one deductible and coinsurance within each 12 month coverage period. *Please note: Renewal rates may differ from initial rates.*

- 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 the Patient Protection and Affordable Care Act (PPACA).

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 your effective date, for cancellation and refund of your premium. If you do not have any claims filed with IMG, you may cancel your plan after your effective date, however, the following conditions will apply:

1. You will be required to pay a $50 cancellation fee and
2. only full month premiums will be considered for refunds (e.g., if you choose to cancel your coverage two months and two weeks prior to the date your coverage ends, IMG will only consider the two full months for a refund). If you have filed claims, your premium is non-refundable.

ENROLLMENT PROCESS & APPLICATION FORM

You should read the following important information prior to completing the Application Form.

HOW TO ENROLL

Before you begin your travel, simply fill out the Application Form and calculate the premium for the time period you and/or your family will be traveling. Once you have completed the Application Form, return it to your insurance agent or broker, and/or mail it to IMG.

You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the ***latest*** of the following dates:

1. the date IMG receives your completed Application Form and the appropriate premium;
2. the date you depart from your home country; or
3. the date requested on your Application Form.

Patriot Platinum Travel Medical Insurance coverage ends on the ***earliest*** of the following dates:

1. the end of the period for which premium has been paid;
2. the date requested on your Application Form; or
3. the date you return to your home country (however, see End of Trip Home Country Coverage on page 12).

ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the application form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, claim forms and your insurance certificate providing a complete description of your coverage under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

ONLINE FULFILLMENT KIT

For convenience, approved applicants may choose to communicate electronically and download their fulfillment kit from the IMG website for immediate access. To do this, you must check the appropriate box listed in Section 2 of the application form. We ***must*** have your correct email address to complete this process. If IMG has processed and approved your application form, you will receive an email from IMG that contains all of the hyperlinks to easily obtain the fulfillment information through the Internet.

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate of Insurance must be Precertified for medical necessity, which means the insured person or their attending physician must communicate with an IMG representative at the number listed on the IMG identification card ***prior*** to admission to a hospital or performance of a surgery. In case of an emergency admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses eligible for reimbursement must be medically necessary and will be paid or reimbursed at usual, reasonable, and customary rates. Please refer to the Certificate of Insurance for full details of the Precertification requirements.

For Precertification, emergency evacuation, and return of mortal remains, please call: IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

Note: *An insured person may begin the Precertification process through MyIMG or the Client Resources section of our website, www.imglobal.com. Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within two business days. Please note that this online service will only initiate the Precertification process, and it should not be used to Precertify emergency admissions, procedures, or evacuations.*

CLAIM PAYMENT

All benefits payable under Patriot Platinum Travel Medical Insurance are subject to the terms and conditions in the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways:

1. Eligible expenses that have been paid by or on behalf of the insured person may be reimbursed by check directly to the insured person.
2. Eligible expenses that have not yet been paid by the insured person may, at the option of IMG, be paid either to the insured person or directly to the provider.

Claim forms can be accessed at www.imglobal.com and mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and the Certificate of Insurance are included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: insurance@imglobal.com.

SUMMARY OF BENEFITS

The following is a summary of benefits and terms that are available to eligible insureds on the Patriot Platinum plans.

EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident or illness are covered up to the Maximum Limit.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) $250 deductible if treatment does not require admission to the hospital.

DENTAL:

Injury due to an accident - Each Patriot Platinum plan covers the cost of emergency dental treatment and dental surgical procedures necessary to restore or replace sound natural teeth lost or damaged in an accident up to the Maximum Limit.

Sudden dental emergency - Each plan will pay up to $250 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

SUPPLEMENTAL ACCIDENT:

Each Patriot Platinum plan provides up-front, additional protection for unexpected injuries. This benefit provides up to $300 of first-dollar benefits for treatment of an injury.

SUDDEN AND UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION:

(U.S. citizens only) For those up to age 65 with a primary health plan, Patriot Platinum International will pay the Usual, Reasonable and Customary charges of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 16) up to the plan maximum. For those without a primary health plan, Patriot Platinum International will pay up to a $20,000 lifetime maximum. For those age 65 and older, with or without a primary health plan, Patriot Platinum International will pay up to a $2,500 lifetime maximum. The primary health plan must have existed prior to the effective date and during coverage of the Patriot Platinum plan, and the **Pre-existing Condition** must be covered under the primary health plan.

(Non-U.S. citizens only) For those under age 65, Patriot Platinum America will pay up to a $50,000 lifetime maximum for eligible medical expenses. For those age 65 and older, Patriot Platinum America will pay up to $2,500 lifetime maximum.

In addition, up to $25,000 will be paid to U.S. and non-U.S. citizens for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a **Pre-existing Condition**.

HOSPITAL DAILY INDEMNITY:

Each plan pays $250 directly to the insured person for each night of a required overnight stay in a hospital up to a maximum of 10 days. The hospital stay must be covered under this plan in order to receive this benefit.

BENEFIT PERIOD:

If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the twelve-month Benefit Period may offer continued coverage for that injury or illness. When the Certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the Period of Coverage expired, benefits for the covered injury or illness continues. This is subject to the Maximum Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

INTERNATIONAL EMERGENCY CARE

POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, orders the evacuation of all non-emergency government personnel from the host country, due to political unrest, that becomes effective on or after the insured person's date of arrival in the host country, the Company pays up to a $100,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that: **1.** The insured person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, issuance of the evacuation order; and **2.** The evacuation order pertains to persons from the same home country as the insured person; and **3.** Political Evacuation and Repatriation is approved and coordinated by the Company; In no event will the Company pay for a political evacuation if there is a travel warning in effect on or within six (6) months prior to the insured person's date of arrival in the host country.

REMOTE TRANSPORTATION:

In the event of a diagnosis of a critical medical condition which is not necessarily immediately life-threatening, but severe enough to result in death or a permanent disability if not treated right away, Remote Transportation provides for eligible charges arising out of the transportation of an insured person to a qualified facility for further treatment *(if the current facility is unable to provide such treatment)*.

EMERGENCY EVACUATION:

The Patriot Platinum plans offer coverage for Emergency Medical Evacuation to the nearest qualified medical facility; expenses for reasonable transportation resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to the Maximum Limit.

EMERGENCY REUNION:

Each Patriot Platinum plan also offers Emergency Reunion coverage, up to $100,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.

RETURN OF MORTAL REMAINS OR CREMATION/BURIAL:

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered up to a maximum of $50,000; or up to $5,000 for the preparation, local burial or cremation of your mortal remains at the place of death.

RETURN OF MINOR CHILDREN:

If a covered illness/injury results in a hospitalization and/or death of the insured person, and he/she is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Patriot Platinum plans will pay up to $100,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren). *To be eligible for the Remote Transportation, Evacuation, Reunion and Return benefits, these must be recommended by the attending physician in life-threatening medical situations, and approved in advance and coordinated by IMG.*

INCIDENTAL HOME COUNTRY COVERAGE:

During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to: **1.** The insured person must have left their home country, **2.** The total Period of Coverage must be for a minimum of 30 days, and **3.** The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

END OF TRIP HOME COUNTRY COVERAGE:

For every four months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of three months. To purchase this special home country extension coverage, please calculate your premium on the Application Form, and include the additional month(s).

SPORTS AND ACTIVITIES COVERAGE:
Each Patriot Platinum plan covers injuries incurred during athletic activities which are non-organized, non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. Some of these sports and activities include, but are not limited to, motor cycle/motorscooter riding, recreational downhill and/or cross country snow skiing, horseback riding, sub-aquatic activities (to 10m), wakeboarding, and water skiing. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or government body), or the International Olympic Committee, and or Adventure Sports. *Please note this is only a summary of sports and activities and exclusions. For additional information, please refer to the Certificate of Insurance.*

ACCIDENTAL DEATH AND DISMEMBERMENT:
Each Patriot Platinum plan offers a $50,000 principal sum benefit for Accidental Death and Dismemberment occurring during the Period of Coverage: • Accidental Loss of life - principal sum • Accidental Loss of two Members - principal sum • Accidental Loss of one Member - 50% of principal sum. *"Member" means hand, foot or eye.*

COMMON CARRIER ACCIDENTAL DEATH:
If accidental death should occur while traveling on a commercial Common Carrier, $100,000 per adult and $25,000 per child is payable to the designated beneficiary, to a maximum of $250,000 per family.

NATURAL DISASTER:
This benefit is available in the event an insured person is required to depart his/her destination due to an evacuation order issued by prevailing authorities in connection with a Natural Disaster. Natural Disaster is defined as widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the population for its safety.

TRIP INTERRUPTION:
If, during a covered trip, there is an uexpected death of an immediate family member (spouse, child, parent or sibling), a break-in at the insured's principle residence, or the substantial destruction of the insured's principal residence due to a fire or natural disaster, each Patriot Platinum plan pays to return the insured to the area of principal residence. The plan pays for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

TERRORISM COVERAGE:
Each Patriot Platinum plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan reimburses eligible medical claims up to the maximum limit. Terrorism includes criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population, or compel a government of international organization to do or to abstain from doing an act. However, this benefit does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the six months prior to the insured person's date of arrival. In addition, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

This benefit also does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to to heed such warning or depart the country or location.

IDENTITY THEFT ASSISTANCE:
If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, the Patriot Platinum plans provide coverage for up to $500 for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of reporting, amending and/or rectifying records as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage.

FELONIOUS ASSAULT:
If you are Injured as a result of a Felonious Assault while traveling outside of your home country, each plan pays up to $10,000. This benefit is in addition to any other benefit available under Patriot Platinum.

LOST / THEFT:
A benefit of up to $500 is payable in the event that there is damage to, loss of, or theft of your checked or stored baggage or personal items by a common carrier or while stored with your hotel. It will also include coverage for the replacement costs of travel documents.

SMALL PET COMMON AIR CARRIER ACCIDENTAL DEATH:
A benefit of up to $500 is payable in the event of loss of life to a small pet while traveling with a covered insured on a common air carrier. This covers the pet while on the insured's originating flight from his/her home country, and returning flight to the insured's home country only. A small pet is a cat or dog up to 30 pounds in weight.

DESCRIPTION OF OPTIONAL RIDERS

ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on both Patriot Platinum plans for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page four as long as they are engaged solely for leisure, recreation, or entertainment purposes: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snorkeling, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), and wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity. Certain sports activities are never covered, regardless of whether or not you purchase the Adventure Sports Rider. Please see page 16, exclusion 8. *Please note this is only a summary of Adventure Sports and exclusions. For additional information, please refer to the Certificate of Insurance.*

ENHANCED AD&D RIDER:

This optional coverage is available for the primary insured person only. This coverage is in addition to the Accidental Death and Dismemberment already included in the Patriot Platinum plans. **This rider is available with a minimum purchase of three months of medical and AD&D rider coverage.**

CITIZENSHIP RETURN RIDER:

When purchased at the time of application, the Citizenship Return Rider provides temporary medical coverage for non-U.S. citizens returning to their country of citizenship. **For U.S. citizens**, the rider provides up to 60 days of coverage for brief returns to the U.S. provided you have a current health plan in force and have resided outside the U.S. continuously for the past six months. Coverage for sudden recurrence of pre-existing conditions is excluded if the rider is selected. For premium information, please see the back of the Application Form.

PERSONAL LIABILITY RIDER:

This optional coverage provides for the reimbursement of legal costs associated with a personal liability event by a covered insured. This includes legal costs incurred arising from the determination and/or settlement of such legal liability associated with the injury of a third person or damage to a third person's property during the period of coverage.

EVACUATION PLUS RIDER:

This optional rider is available to insureds up to age 65. It offers coverage for medical evacuations for sudden and unexpected medical conditions that are non life-threatening and where hospitalization is medically necessary. It also offers coverage for evacuations as a result of a natural disaster. **This rider must be purchased for a minimum of three months regardless of the minimum number of days being traveled.**

EXCLUSIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Patriot Platinum plans and include but are not limited to:

1. **A Pre-existing Condition** which is any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed.
2. **Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
3. **War, military action, terrorism**, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as expressly provided for in the Certificate of Insurance.
6. **Venereal disease, AIDS virus**, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. **Pregnancy, childbirth, birth control**, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **Any illness or injury sustained** while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are excluded unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating (with proper use of helmet and pads), jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance wit the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity.

   Injury sustained while participating in contact sports of any kind, racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above

elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, ski jumping, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class V difficulty; and/or adventure sports activity not expressly covered hereunder are excluded regardless of which plan or rider is selected.

9. **Vision or ear tests** and the provision of visual or hearing aids.
10. **Vocational, recreational**, speech or music therapy.
11. **Treatment while confined** primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. **Charges, injuries and/or illnesses** resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. **Treatment for, and injuries** and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. **Injury and/or illness** resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. **Willful self-inflicted** injury or illness.
16. **Treatment required as** a result of or arising from complications from a treatment or condition not covered under the certificate.
17. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
18. **Treatment for mental** and nervous disorders.
19. **Organ or tissue transplants** or related services.
20. **Illness or injury where** the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
21. **Treatment incurred as a** result of or arising from exposure to nuclear radiation, and/or radioactive material(s).
22. **Any infection of the urinary tract** (or Illness arising therefrom), that occurs within ninety (90) days of the Effective Date of coverage and that requires Treatment of the Insured Person in a Hospital; provided that any such Illness will be deemed by the Company to be a Pre-existing Condition. See "Sudden and Unexpected Recurrence of a Pre-existing Condition," on page 11.

This brochure contains only a brief summary of current Patriot Platinum Medical Insurance benefits, conditions, limitations and exclusions, and is subject to all the terms and conditions of the full Certificate of Insurance. The complete Certificate of Insurance with all terms, conditions and exclusions will be included in the fulfillment kit sent to approved applicants. The Patriot Travel Medical Insurance plans are amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate of Insurance for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Samples of current Certificate wordings are available upon request.

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 will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so. Please note that it is solely your responsibility to determine if PPACA is applicable to you.*

ADDITIONAL BENEFITS & SERVICES

My*IMG*℠

Service at your fingertips anytime, anywhere - that's what My*IMG* provides. My*IMG* is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through My*IMG* you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Get explanation of benefits
- Locate a provider
- Request ID cards
- Initiate precertification
- Obtain certificate documents
- Recommend provider/facility

Locating a Provider

As a Platinum member, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG. You can quickly search the network through My*IMG*. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider Access (IPA), a database of over 17,000 providers.

eDocAmerica

As a registered user of My*IMG,* you can access eDocAmerica and communicate with experienced health care professionals 24 hours a day, regardless of your location.

eDocAmerica allows you to consult with board-certified physicians, licensed psychologists, pharmacists, dentists, dieticians and fitness trainers to assist you with any routine health related questions you have. It is not meant to replace your family physician; instead eDocAmerica focuses on addressing your concerns in a convenient manner and providing you with support to make informed decisions. eDocAmerica professionals will quickly respond to your questions, suggest treatment alternatives, and get you the information you need – saving you time and possibly preventing unnecessary office visits. Email responses are normally received within two to four hours and guaranteed within 24 hours.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to *every* certificate holder of the Patriot Platinum plans. This program allows card members 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 discount program is not insurance coverage. It is purely a discount program to purchasers of the Patriot Platinum plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

Global Concierge & Assistance Services

Patriot Platinum provides clients more than insurance protection. IMG's Global Concierge and Assistance Services offers the knowledge and information needed to keep you healthy and safe. Below is a list of services handled by a dedicated service team that is available 24 hours a day, seven days a week, exclusively for our Platinum members.*

- Dedicated Service Line
- Dedicated Claims Team
- Bag Tracking
- Embassy & Consulate Referrals
- Emergency Cash Transfers
- Emergency Travel Arrangements
- Legal Referrals
- Drug Translation Services
- Pre-trip Health & Safety Advisories
- Emergency Message Relay
- Security Updates & Country Profiles
- Lost Passport/Travel Documents Assistance
- Prescription Drug Replacement Assistance

** You will be provided information on how to access the Global Concierge and Assistance Services. Please note: these are additional services offered under Patriot Platinum Travel Medical Insurance. They are not insurance benefits.*

Akeso Care Management® (ACM®)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, an on-site specialized division devoted entirely to medical management.

The clinical staff consists of qualified physicians and registered nurses who are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner. ACM has international medical experience, providing services in more than 170 countries worldwide.

ACM is accredited by URAC, an independent, nonprofit organization that is internationally recognized for promoting continuous improvement in the quality and efficiency of health care management. Through a rigorous and comprehensive review that ensures ongoing compliance, ACM earned its URAC accreditation in Health Utilization Management.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.

PROTECTING YOUR TRAVEL INVESTMENT

You can spend a great deal of time planning your trip and it is exciting getting everything ready. But what would happen if the airline you selected should go out of business or you're prevented from taking your trip? Your hard-earned payments could be lost. To help protect you from losing the money you've spent to travel, IMG works with iTravelInsured® (iTI®) to bring you the Patriot T.R.I.P. Lite program.

PATRIOT T.R.I.P. LITE

This iTI program is designed to provide peace of mind so you can enjoy your travels. The benefits are outlined below and on the following page, and program cost information can be found on the Application Form.

BENEFIT HIGHLIGHTS

Trip Cancellation ■ Your emergency illness, injury or death, or that of a family member, a business partner, a travel companion, or a travel companion's family member ■ Financial default of a travel supplier ■ A terrorist incident ■ Organized labor strike ■ Natural disaster resulting in the cessation of the travel supplier's services ■ Hijacking ■ Medical quarantine ■ Jury duty ■ Your home or that of a travel companion made uninhabitable by fire, vandalism or natural disaster ■ Your auto accident or that of a travel companion on the way to the scheduled departure point ■ You or a travel companion serving on active or reserve duty for the military, police or fire department, whose personal leave is revoked to provide aid or relief in the event of a natural disaster or a terrorist act ■ Employer termination or layoff ■ A documented theft of your passport or visa	The amount of Your trip You elected to protect up to $25,000 Per Insured Person
Trip Interruption ■ Applies to the same events as listed above	Up to 100% of the amount of Your trip You elected to protect

BENEFIT HIGHLIGHTS

Travel Delay ■ Travel supplier delay ■ Lost or stolen passport, travel documents, or money ■ Medical quarantine ■ Natural disaster ■ Your injury or illness or that of a travel companion	25% of $500 for each 24 hours of delay after an initial delay of 24 hours up to a maximum of $500 Per Insured Person
Missed Connection ■ Inclement weather ■ Natural disaster ■ Travel supplier delay	25% of Trip Cancellation Benefit. Maximum Benefit is $500 for a Common Carrier delay of 8 hours or more
Baggage Delay	Up to $100 Per Insured Person
Maximum Trip Length	31 Days

T.R.I.P. LITE PRE-EXISTING CONDITIONS

This program does not cover you for pre-existing conditions. However, your pre-existing conditions might still be covered if the answer to all of the following questions is "no":

1. Were you treated for a new illness in the last 60 days, or did symptoms exist for which a reasonably prudent person would have sought treatment?
2. Has your condition worsened or required medical attention in the last 60 days?
3. Have you received any new medications in the past 60 days or have any of your current dosages been changed?

T.R.I.P. LITE EXCLUSIONS

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition;
2. Intentionally self-inflicted harm, suicide or attempted suicide, by You, a Family Member, a Travel Companion or a Travel Companion's Family Member;
3. Pregnancy, fertility treatments, childbirth or elective abortion, other than unforeseen complications of pregnancy, of You, a Family Member, a Travel Companion or a Travel Companion's Family Member;
4. Any Mental, Nervous or Psychological disorders or physical complications related thereto, of You, a Family Member, a Travel Companion or a Travel Companion's Family Member;
5. You being under the influence of intoxicating liquor (as determined by the jurisdiction where the loss occurred) or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician;
6. War (whether declared or undeclared), acts of war, military duty (unless specifically covered), or voluntary participation in a civil disorder or unrest;
7. Participation in Professional or Amateur Athletics (including training);
8. Participation in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authorities or any qualified instructor or contrary to the rules, regulations, recommendations and procedures of the recognized governing body of the area where such activity takes place;
9. All extreme, high risk sports including but not limited to: bodily contact sports, skydiving, hang gliding, bungee jumping, parachuting, mountain climbing or other high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;
10. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
11. Operating or learning to operate any aircraft as pilot or crew;
12. Nuclear reaction, radiation or radioactive contamination;
13. Natural disasters (unless specifically covered);
14. Epidemic;
15. Pollution or threat of pollutant release;
16. Commission of a violation of law by You, a Family Member, a Travel Companion or a Travel Companion's Family Member whether they are Insured or not, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations;
17. Any known, expected or reasonably foreseeable events or conditions that would cause a loss or claim under this Certificate; or
18. Financial Default (except as specifically covered).

NSBTHA

When you purchase a Patriot T.R.I.P. Lite program you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters related to travel. Information about NSBTHA is available at www.NSBTHA.org.

This is a summary of the principal provisions of the master policy offered through NSBTHA for its members. It is not considered to be a contract of insurance. Coverage may vary by state and may not be available in all states. For more information regarding the exclusions and all other terms and conditions of Patriot T.R.I.P. Lite, please see the certificate wording for your state which is available upon request.

This brochure is not intended to be an offer to sell Patriot T.R.I.P. Lite or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.

Insurance products are underwritten and offered where available by Sirius America Insurance Company.

1. Primary applicant information: Patriot Platinum Travel Medical Insurance ***Please print legibly and complete ALL SECTIONS (front and back) of this application.*** ☐ Male ☐ Female

Last Name_____First Name_____Middle_____

Government Issued ID Number_____**Country of Citizenship**_____

Home Country_____Destination Country(ies)_____

Beneficiaries ***(see Certificate Wording for Beneficiary designation)***

In the event of an insured's accidental death and/or common carrier accidental death, beneficiaries will be as follows:
1) Spouse (if any) - Primary **2)** Children (if any) - First contingent **3)** Estate of the insured - Second contingent

2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:
OR ☐ I will use the Online Fulfillment Kit Option ***(see page 9 for details - an email address is required)***

Name_____Email_____

Address, City, State, Country, Postal Code_____

_____

If the address in #2 is in Florida, is the applicant currently located in Florida? ☐ Yes ☐ No
(Determines applicable surplus lines tax and will not affect coverage)

3. Select the coverage plan and plan option. Check one plan and one option.

☐ Patriot Platinum International for U.S. citizens *(see page 5)* → Option Number ☐ 1 ☐ 2 ☐ 3

☐ Patriot Platinum America for Non-U.S. citizens *(see page 6)* → Option Number ☐ 4 ☐ 5 ☐ 6

☐ Citizenship Return Rider: *If you are a U.S. citizen and elect this rider, have you resided outside the U.S. continuously for the past 6 months?* ☐Yes ☐No
Do you have a current health plan in force? ☐Yes ☐No ***If you answered No to either question, you are ineligible for this rider.***

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

☐ Non-U.S. citizens if replacing current international coverage *(see page 7)*

Current Carrier: Date of arrival in the U.S.: OR Expiration date of current coverage:

4. Names of Persons to be insured:

	Date of Birth (month/day/year) REQUIRED	Age	Monthly Rate*	# of months Travel Coverage		Daily Rate*	# of days	
Applicant_____	___/___/___	____	_____	X_____	=	_____	X_____	=
Spouse_____	___/___/___	____	_____	X_____	=	_____	X_____	=
Child_____	___/___/___	____	_____	X_____	=	_____	X_____	=
Child_____	___/___/___	____	_____	X_____	=	_____	X_____	=
			_____ Total (A)		_____ Total (B)			_____ Total (C)

Please attach additional sheet for more children
***use applicable monthly and daily rates (see pages 5 and 6)**

5. End of Trip Home Country Coverage *(see page 12 for details)*

One month for every four months of purchased Travel Medical coverage up to a maximum of three months of Home County Coverage.

This will be added as additional months of coverage to your planned travel period and will begin upon the date of return to your home country.

Monthly Rate Total (A)		# of Months Home Country Coverage		Total Home Country Coverage Premium
_____	X	_____	=	_____ Total (D)

6. CIRCLE ONE

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7

Deductible	Rate Factor	Deductible	Rate Factor
$0	1.25	$2500	.70
$100	1.10	$5000	.60
$250	1.00	$10,000	.55
$500	.90	$25,000	.45
$1000	.80		

Application Form continued on back

7. (B) Monthly premium total (from Total (B) in Section 4) _____

(C) Daily premium total (from Total (C) in Section 4) +_____

(D) End of Trip Home Country Coverage premium total (from Total (D) in Section 5) +_____

=_____

Deductible rate factor (see Section 6) x_____

(E) Base premium - enter in the space below _____ **(E)**

Adventure Sports Rider enter .20 if applicable _____

Citizenship Return Rider enter .05 if applicable +_____

Personal Liability Rider enter .10 if applicable +_____

(F) Total Rider factor enter in space below to the right of the 1. =_____ **(F)**

Enhanced AD&D Rider - To purchase please complete the following calculation:

_____X_____= _____ **(G)**

# of months — Rate from page 5/6

Enter (G) in the space below

Evacuation Plus Rider - To purchase please complete the following calculation:

_____X_____X $70.00 = _____ **(H)**

# of months — # of insureds

Enter (H) in the space below

Patriot T.R.I.P. Lite - To purchase please complete the following calculation:

_____ ÷ 100 =_____X 4.35 = _____ **(I)**

Total cost of trip for all travelers *(minimum $500 per traveler)*

Enter (I) in the space below

(E) Enter the amount from E _____

(F) Enter the amount from F to the right of the 1. X**1.**_____

=_____

(G) Enter the amount from G +_____

(H) Enter the amount from H +_____

(I) Enter the amount from I +_____

$20 *optional* express mail +_____

TOTAL AMOUNT DUE =_____

IMG Producer Use Only

Producer#_____

GA#_____

Name_____

Address_____

_____

City, State, Zip_____

Phone:_____

0413

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.

8. SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot Platinum Travel Medical Insurance as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until 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) by submission of this application and/or any future claim for benefits I (we) 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, and invoke the benefits and protections of its laws, and 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 court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the Certificate of Insurance issued to me (us).

ACKNOWLEDGEMENT I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

MEDICAL RELEASE I (we) hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

CERTIFICATION I (we) hereby certify, represent and warrant that: (i) I (we) have read the foregoing statements and the brochure or that they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) I am (we 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 I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind applicant.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) I 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 will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so, (iii) my 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) I understand that it is solely my responsibility to determine if PPACA is applicable to me.

FOR PATRIOT T.R.I.P. LITE (only applicable if applicant has completed section 7I):

MEMBERSHIP I (we) hereby apply for membership to NSBTHA.

CERTIFICATION I (we) hereby certify that I (we) have read, or have had read to me (us), all statements on this application. I (we) represent that the responses are true, complete and correctly recorded; and that all travelers listed on this application are medically able to travel on the date this program is purchased. I (we) understand and agree that subject to your acceptance of this application and payment of the Total Program Cost, coverage will begin at 12:01 a.m. on the day after this completed application is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

***X* Signature of Insured or Proxy (Required)**_____

Date_____ Phone_____

9. Payment Method

☐ Check (To IMG) ☐ Wire ☐ Money Order (To IMG)

☐ MasterCard ☐ Visa ☐ American Express

☐ Discover ☐ JCB eCheck (ACH) available online

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Amount Due. By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use the card and, if not, will take full responsibility for the payment and any charges accruing to it. I agree to comply with the cardholder agreement. For your convenience, only one payment for the total amount due is required. You agree and understand that if your purchase includes Patriot T.R.I.P. Lite, the cost for this program will be allocated directly to iTravelInsured.

Card#_____Expiration date_____

Cardholder Name_____

Signature_____

Cardholder Daytime Phone _____

Cardholder Billing Address _____

_____

Producer Contact Information:

INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
P.O. Box 88509
2960 North Meridian Street
Indianapolis, IN 46208-0509 USA
For marketing questions, please call 1.866.368.3724
For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500
Fax: 1.317.655.4505
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