

Visitors Care®

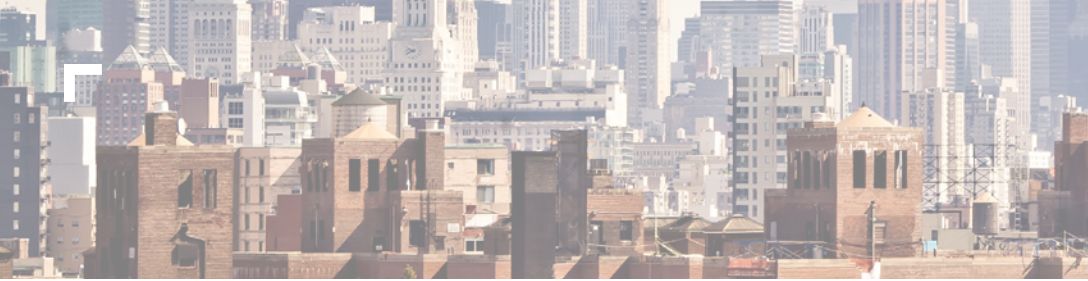


*Travel medical insurance for non-U.S. citizens  
traveling outside of their home country*



Harvard Pilgrim  
HealthCare





Global Peace of Mind®

## 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<sup>SM</sup>, to submit and view your claims, manage your account, search for providers, Live Chat with representatives and more.



**International Provider Access<sup>SM</sup> (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 VISITORS CARE?

International travel can quickly turn into a frightening situation if you're not prepared for a medical emergency. Most travelers assume they will be covered by their standard medical plan, but that isn't 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 a Visitors Care plan so you can spend more time enjoying your international experience and less time worrying about medical coverage.

Visitors Care offers a broad package of scheduled benefits for individuals traveling and/or temporarily residing outside of their home country for a minimum of five days. There are nine separate options based on deductible levels and maximum limits. Simply select the option that best fits your needs.

## ADDITIONAL WORLD-CLASS SERVICES

### ■ MyIMG<sup>SM</sup>

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.*



## SPECIAL COVERAGES

Incidental Home Country Coverage	As described below
During the period of coverage, an insured person may return to his/her home country for incidental visits up to a cumulative two weeks total, and retain continuing coverage during such visit(s), 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.	
Common Carrier Accidental Death	Insured Person Maximum: \$5,000 Family Maximum: \$25,000
If accidental death should occur while traveling on a commercial common carrier during the period of coverage, the designated maximum amount will be payable to the designated beneficiary.	

## OPTIONAL PRE-EXISTING CONDITION RIDER

Heart Care Plus Rider	Age	Benefit Amount
	0 - 69	Up to \$5,000
	70 +	Up to \$2,500
In the event an insured person experiences a Stroke or Myocardial Infarction (Heart Attack) while the certificate is in force, and the condition is deemed to be pre-existing, the plan will cover those expenses associated with said condition up to a maximum of \$5,000 per period of coverage for ages 0 - 69 and up to \$2,500 per period of coverage for ages 70+.		

## INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	<b>Plan A:</b> Up to \$25,000 <b>Plan B &amp; C:</b> Up to \$50,000
The plan includes coverage for emergency medical evacuations to the nearest qualified medical facility in life-threatening situations, 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. These must be approved and coordinated in advance through IMG.	
Return of Mortal Remains or Cremation/Burial	Up to \$7,500 for return of mortal remains or \$5,000 for 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 \$7,500; or up to \$5,000 for the preparation, local burial or cremation of your mortal remains at the place of death. These must be approved and coordinated in advance through IMG.	
<i>To be eligible for the Evacuation and Return benefits, these must be recommended by the attending physician in life-threatening medical situations, and approved in advance and coordinated by IMG.</i>	





[WWW.IMGGLOBAL.COM](http://WWW.IMGGLOBAL.COM)





## SCHEDULE OF BENEFITS

	PLAN A	PLAN B	PLAN C
	\$25,000 maximum benefit per life of plan	\$50,000 maximum benefit per life of plan	\$100,000 maximum benefit per life of plan
<b>INPATIENT TREATMENT</b>			
Hospital room and board	Up to \$825 per day, 30 day maximum per period of coverage	Up to \$1,400 per day, 30 day maximum per period of coverage	Up to \$1,950 per day, 30 day maximum per period of coverage
Intensive care	Up to an additional \$400 per day, 8 day maximum per period of coverage	Up to an additional \$660 per day, 8 day maximum per period of coverage	Up to an additional \$850 per day, 8 day maximum per period of coverage
Surgical treatment	Up to \$2,000 per surgical session	Up to \$3,300 per surgical session	Up to \$5,500 per surgical session
Specialist consult	Up to \$350 per period of coverage	Up to \$450 per period of coverage	Up to \$500 per period of coverage
Pre-admission tests	Up to \$750 per period of coverage	Up to \$1,100 per period of coverage	Up to \$1,100 per period of coverage
Private duty nurse	Up to \$400 per period of coverage	Up to \$550 per period of coverage	Up to \$550 per period of coverage
Physician visits	Up to \$40 per visit, 30 visits per period of coverage	Up to \$55 per visit, 30 visits per period of coverage	Up to \$85 per visit, 30 visits per period of coverage
<b>OUTPATIENT TREATMENT</b>			
Surgical treatment	Up to \$2,000 per surgical session	Up to \$3,300 per surgical session	Up to \$5,500 per surgical session
Surgical facility fee	Up to \$750 per surgical session	Up to \$900 per surgical session	Up to \$1,000 per surgical session
Diagnostic x-ray & lab	Up to \$650	Up to \$800	Up to \$950
Hospital emergency room	Up to \$200 per visit	Up to 75% of URC	Up to 75% of URC
Prescription drugs	Up to \$150 per period of coverage	Up to \$250 per period of coverage	Up to \$250 per period of coverage
Physician visits	Up to \$50 per visit, 10 visits per period of coverage	Up to \$55 per visit, 10 visits per period of coverage	Up to \$85 per visit, 10 visits per period of coverage

*All coverages, benefits and premium amounts are in U.S. dollars.*

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

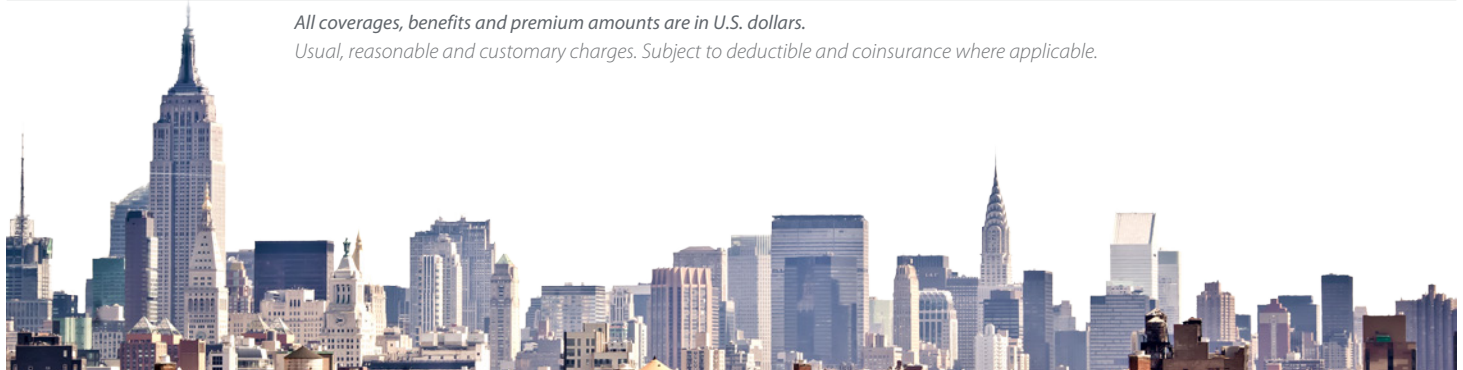


# SCHEDULE OF BENEFITS

	PLAN A	PLAN B	PLAN C
	\$25,000 maximum benefit per life of plan	\$50,000 maximum benefit per life of plan	\$100,000 maximum benefit per life of plan
<b>MISCELLANEOUS INPATIENT &amp; OUTPATIENT TREATMENT</b>			
Anesthetist	Up to \$450 per surgical session	Up to \$825 per surgical session	Up to \$1,375 per surgical session
Assistant surgeon	Up to \$450 per surgical session	Up to \$825 per surgical session	Up to \$1,375 per surgical session
<b>OTHER COVERAGES</b>			
Local ambulance	Up to \$250 per period of coverage	Up to \$450 per period of coverage	Up to \$450 per period of coverage
Dental for accident to sound natural teeth	Up to \$350 per period of coverage	Up to \$550 per period of coverage	Up to \$550 per period of coverage
Physical therapy	Up to \$25 per visit per day, 12 visits per period of coverage	Up to \$40 per visit per day, 12 visits per period of coverage	Up to \$40 per visit per day, 12 visits per period of coverage
Extended care facility	Up to \$150 per day, 15 day maximum per period of coverage	Up to \$200 per day, 15 day maximum per period of coverage	Up to \$250 per day, 15 day maximum per period of coverage

*All coverages, benefits and premium amounts are in U.S. dollars.*

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*



# RATES AND PLAN INFORMATION

PLAN - A

\$25,000 MAXIMUM BENEFIT PER LIFE OF PLAN							
		Option 1 - \$0 deductible per period of coverage		Option 2 - \$50 deductible per period of coverage		Option 3 - \$100 deductible per period of coverage	
	Age	One Month	Daily	One Month	Daily	One Month	Daily
	2 weeks - 29	\$23	\$.77	\$19	\$.64	\$17	\$.57
	30 - 39	\$26	\$.87	\$22	\$.74	\$19	\$.64
	40 - 49	\$27	\$.90	\$23	\$.77	\$20	\$.67
	50 - 59	\$38	\$1.27	\$31	\$1.04	\$29	\$.97
	60 - 69	\$47	\$1.57	\$39	\$1.30	\$36	\$1.20
	70 - 79	NA	NA	\$61	\$2.04	\$58	\$1.94
	80+*	NA	NA	\$122	\$4.07	\$116	\$3.87
	Dependent child	\$21	\$.70	\$17	\$.57	\$16	\$.54

\*The maximum amount of coverage for applicants who are 80 years of age or older is \$10,000.

PLAN - C	\$100,000 MAXIMUM BENEFIT PER LIFE OF PLAN						
		Option 7 - \$0 deductible per period of coverage		Option 8 - \$50 deductible per period of coverage		Option 9 - \$100 deductible per period of coverage	
	Age	One Month	Daily	One Month	Daily	One Month	Daily
	2 weeks - 29	\$50	\$1.67	\$41	\$1.37	\$38	\$1.27
	30 - 39	\$55	\$1.84	\$46	\$1.54	\$43	\$1.44
	40 - 49	\$56	\$1.87	\$47	\$1.57	\$44	\$1.47
	50 - 59	\$79	\$2.64	\$65	\$2.17	\$60	\$2.00
	60 - 69	\$104	\$3.47	\$87	\$2.90	\$85	\$2.84
	70 - 79	NA	NA	\$136	\$4.54	\$132	\$4.40
	Dependent child	\$44	\$1.47	\$37	\$1.24	\$34	\$1.14

PLAN - B	\$50,000 MAXIMUM BENEFIT PER LIFE OF PLAN						
		Option 4 - \$0 deductible per period of coverage		Option 5 - \$50 deductible per period of coverage		Option 6 - \$100 deductible per period of coverage	
	Age	One Month	Daily	One Month	Daily	One Month	Daily
	2 weeks - 29	\$34	\$1.14	\$29	\$ .97	\$26	\$ .87
	30 - 39	\$40	\$1.34	\$34	\$1.14	\$31	\$1.04
	40 - 49	\$41	\$1.37	\$35	\$1.17	\$32	\$1.07
	50 - 59	\$57	\$1.90	\$49	\$1.64	\$44	\$1.47
	60 - 69	\$71	\$2.37	\$59	\$1.97	\$55	\$1.84
	70 - 79	NA	NA	\$91	\$3.04	\$86	\$2.87
	Dependent child	\$31	\$1.04	\$26	\$ .87	\$23	\$ .77

All premium rates are effective as of 4/1/17. 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.





## CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the applicable deductible and scheduled limits and sub-limits, and all other terms, conditions and exclusions of the Visitors Care plan as described in the complete Certificate of Insurance.
2. Coverage under the plan is secondary to any other available coverage or benefits.
3. Coverage and benefits are for medically necessary, and usual, reasonable and customary charges only.
4. Treatment must be administered or ordered by a physician.
5. Charges must be incurred during the period of coverage.
6. Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

## ELIGIBILITY

The following conditions (among others) apply to all persons applying for and/or enrolling in the Visitors Care plan:

- Visitors Care is travel insurance for non-U.S. citizens traveling outside their home country and/or country of citizenship.
- For those over age 65 and visiting the U.S., your initial period of coverage must begin within 30 days of arrival in the U.S. This requirement will be waived with proof of previous valid insurance. Please provide the name of your 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 Visitors Care plan is purchased for a minimum of five days, coverage may be renewed (unless there is a break in coverage) for a total of up to two years. Renewals are available in whole month or daily increments and may be completed online. For each renewal 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. In order to be considered for a full refund, your request for cancellation must be received by IMG prior to your effective date. 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 \$25 cancellation fee and 2) your refund will be pro-rated based on the amount of time remaining in your period of coverage. If you have filed claims, your premium is non-refundable.

**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 Visitors Care, please see IMG's Frequently Asked Questions at [www.imglobal.com/en/client-resources/PPACA-FAQ.aspx](http://www.imglobal.com/en/client-resources/PPACA-FAQ.aspx).*





Global Peace of Mind®



Visitors Care®







### Producer Contact Information

Eastern Harmony  
617.509.8015  
[easternharmony@harvardpilgrim.org](mailto:easternharmony@harvardpilgrim.org)

*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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# Visitors Care®



## APPLICATION FORM

**Applicant information: Please print legibly and complete ALL SECTIONS of this application.**

(Circle one) Mr. Mrs. Ms. ☐ Male ☐ Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Government Issued ID Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Home Country \_\_\_\_\_

Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Destination Country(ies) \_\_\_\_\_ Please indicate beneficiaries for the common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.

**Send Confirmation of Coverage and Fulfillment Kit to:** ☐ I will use the Online Fulfillment Kit Option (see page 9 for details - email address required)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

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

**Calculating your premium. Select the coverage plan, plan option and whether you would like the optional rider.**

**Plan A:** ☐ Option 1 ☐ Option 2 ☐ Option 3 **Plan B:** ☐ Option 4 ☐ Option 5 ☐ Option 6 **Plan C:** ☐ Option 7 ☐ Option 8 ☐ Option 9 ☐ Optional Rider

**Requested Effective Date** (see How to Enroll Section): \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year Date of Arrival in USA: \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year

Date of Departure from your Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year Date of Return to your Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year

☐ **Applicants over age 65:** Current Carrier (see page 8 for details):

Date of arrival in the U.S.:

**OR** Expiration date of current coverage:

### Names of Persons to be insured:

**Date of Birth**  
(month/day/year)  
REQUIRED

**Age**

**Monthly**

**# of**

**Daily**

**# of**

Applicant \_\_\_\_\_/\_\_\_\_/\_\_\_\_ X = \_\_\_\_\_ X = \_\_\_\_\_

Spouse \_\_\_\_\_/\_\_\_\_/\_\_\_\_ X = \_\_\_\_\_ X = \_\_\_\_\_

Child \_\_\_\_\_/\_\_\_\_/\_\_\_\_ X = \_\_\_\_\_ X = \_\_\_\_\_

Child \_\_\_\_\_/\_\_\_\_/\_\_\_\_ X = \_\_\_\_\_ X = \_\_\_\_\_

Please attach additional sheet for more children

**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 Visitors Care 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 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 disorder, condition 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, 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 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.

**X** Signature of Insured or Proxy \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Total (A)**

**Total (B)**

(A) total monthly premium  
(from Total (A) above)

(B) total daily premium  
(from Total (B) above)

x 1.29 =  
(Optional rider)

\$20 Optional  
Express Mail  
**Total Amount Due**

**Payment Method** ☐ Check (To IMG) ☐ Money Order (To IMG) ☐ Wire  
☐ Mastercard ☐ Visa ☐ American Express ☐ Discover ☐ 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. Coverage purchased by credit card is subject to validation and acceptance by credit card company. 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.

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder Daytime Phone \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

### IMG Producer Use Only

Producer# \_\_\_\_\_ GA# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_