GLOBAL CREW MEDICAL INSURANCE®

A WORLDWIDE MEDICAL INSURANCE PROGRAM FOR PROFESSIONAL MARINE CAPTAINS AND CREW.

WWW.IMGLOBAL.COM

IMG®

Global Crew Medical Insurance®

Worldwide Coverage. World-Class Services.

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

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

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

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

Why IMG?

Since 1990, IMG has provided global benefits and assistance services to millions of members in nearly every country. We're committed to being there with our members wherever they may be in the world, delivering Coverage Without Boundaries®. With 24/7 medical management services, multilingual claims administrators, and highly trained customer service professionals, IMG is confident in its ability to provide the products international members need, backed by the services they want.

GLOBAL SUPPORT.
With offices and partners around the globe, IMG provides the support you need, when you need it. In fact, it is our corporate mission to be there to protect and enhance your health and well-being.

FINANCIAL STABILITY.
Owned by SiriusPoint*, an 'A-' rated, multibillion-dollar global enterprise, IMG offers the financial security and reputation demanded by international consumers.

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

ACCESSIBLE TECHNOLOGY.
Full access to MyIMG℠ member portal allows you to submit and view your claims, manage your account, search for providers, live chat with representatives, and more.

INTERNATIONAL PROVIDER ACCESS℠ (IPA).
In addition to the expansive UnitedHealthcare PPO network available for treatment received within the U.S., our proprietary IPA network of more than 18,550 accomplished physicians and facilities allows you to access quality care worldwide. Our direct billing arrangements can also ease the time and upfront expense at select providers.

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

Why Global Crew Medical Insurance?

- **Plan Flexibility -** Multiple plan options and payment modes to fit your budget
- **Choice of Coverage Area -** Worldwide or Worldwide Excluding the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore, and Taiwan
- **Freedom to Choose -** Select your own health care provider, no matter where you are in the world
- **Travel Intelligence -** Receive location-specific alerts on health, transportation, security, and weather
- **Assistance Services -** Available on all plans
- **Preventative Care -** No waiting period on wellness benefits
- **Healthy Travel Preventative Coverage -** Receive vaccinations and preventative prescriptions prior to departure
- **Pre-Existing Condition Waiver** - For individuals with proof of comprehensive health insurance and no significant break in coverage (63 days)

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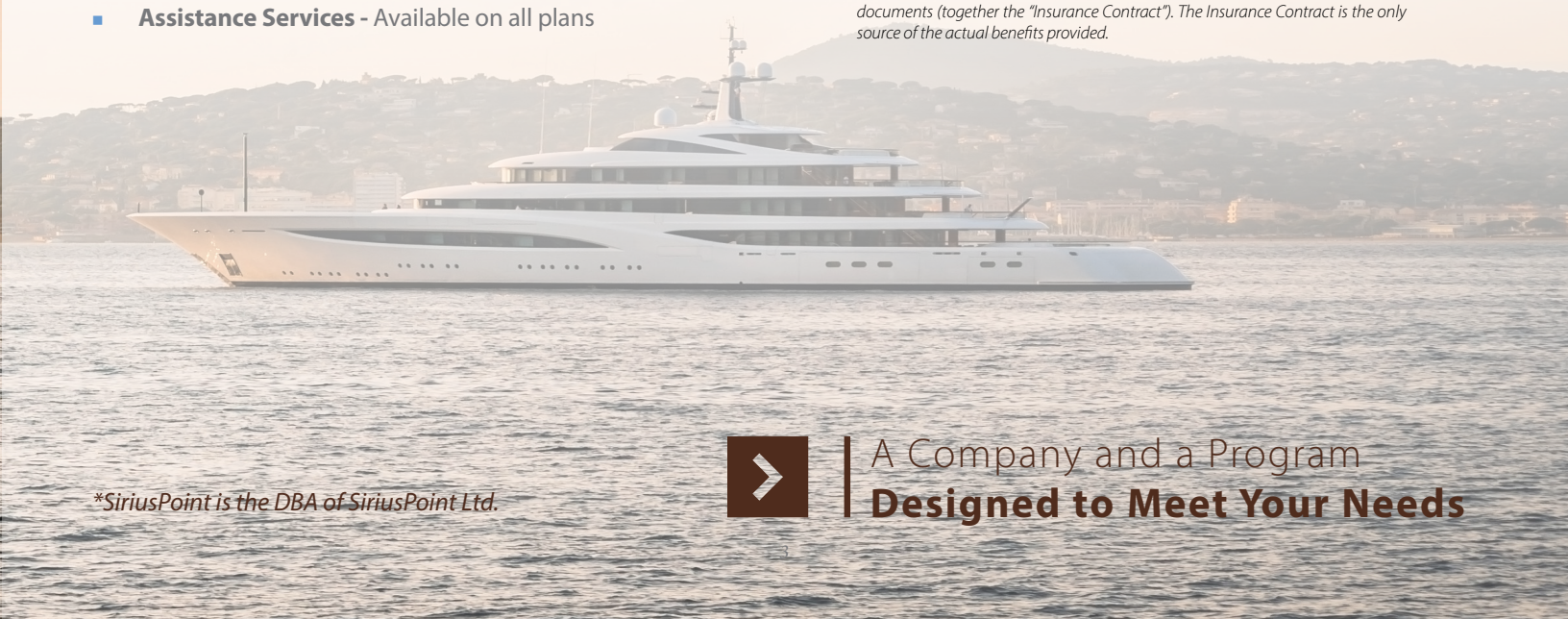

**SiriusPoint is the DBA of SiriusPoint Ltd.*

A Company and a Program
Designed to Meet Your Needs

Summary Schedule of Benefits

The following is a summary schedule of benefits for eligible medical expenses.

Charges and expenses incurred by the Insured Person during the Period of Coverage with respect to an Illness or Injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses").

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
Lifetime Maximum Limit	$1,000,000 per individual	$5,000,000 per individual	$5,000,000 per individual	$8,000,000 per individual
Deductible *(Per period of coverage)*	$250 to $10,000	$250 to $10,000	$250 to $25,000	$100 to $25,000
Treatment outside the U.S.	50% of deductible waived, up to a maximum of $2,500. No coinsurance	50% of deductible waived, up to a maximum of $2,500. No coinsurance	50% of deductible waived, up to a maximum of $2,500. No coinsurance	50% of deductible waived, up to a maximum of $2,500. No coinsurance
Treatment inside the U.S. using Medical Concierge	50% of deductible waived, up to a maximum of $2,500. No coinsurance	50% of deductible waived, up to a maximum of $2,500. No coinsurance	50% of deductible waived, up to a maximum of $2,500. No coinsurance	50% of deductible waived, up to a maximum of $2,500. No coinsurance
Treatment inside the U.S. - PPO Network	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance
Treatment inside the U.S. - Non-PPO Network	Subject to deductible. Plan pays 80% of the next $5,000 of eligible expenses, then 100% to the overall maximum per period of coverage	Subject to deductible. Plan pays 80% of the next $5,000 of eligible expenses, then 100% to the overall maximum per period of coverage	Subject to deductible. Plan pays 80% of the next $5,000 of eligible expenses, then 100% to the overall maximum per period of coverage	Subject to deductible. Plan pays 80% of the next $5,000 of eligible expenses, then 100% to the overall maximum per period of coverage
Coinsurance	International - 100% U.S. in-network – 100% U.S. out-of-network - 80%	International - 100% U.S. in-network – 100% U.S. out-of-network - 80%	International - 100% U.S. in-network – 100% U.S. out-of-network - 80%	International - 100% U.S. in-network – 100% U.S. out-of-network - 80%
Outpatient	$300 maximum per visit - lab tests; $250 maximum per visit - diagnostic x-rays $500 maximum limit - specialists/ physician charges (pre-inpatient/ post-inpatient) Subject to deductible and coinsurance	$300 maximum per visit - lab tests; $250 maximum per visit - diagnostic x-rays 25 combined maximum visits $70 per visit/examination - specialists/physician charges $50 per visit/examination - chiropractor charges (medical order or treatment plan required) $500 per consultation - surgery intervention consultation charges Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Mental/Nervous	N/A	Subject to deductible and coinsurance. Outpatient after 12 months of continuous coverage	Subject to deductible and coinsurance. $10,000 maximum. Available after 12 months of continuous coverage	Subject to deductible and coinsurance. $50,000 lifetime maximum. Available after 12 months of continuous coverage
Hospital Emergency Room Injury	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Hospital Emergency Room Illness	Subject to deductible and coinsurance. Covered only if admitted as inpatient	Subject to deductible and coinsurance. Additional $250 deductible if not admitted as an inpatient	Subject to deductible and coinsurance. Additional $250 deductible if not admitted as an inpatient	Subject to deductible and coinsurance. Additional $250 deductible if not admitted as an inpatient
Hospitalization/ Room & Board	Subject to deductible and coinsurance for average semi-private room rate	Subject to deductible and coinsurance for average semi-private room rate. All subject to $600 per day; 240 day maximum	Subject to deductible and coinsurance for average semi-private room rate	Subject to deductible and coinsurance for average private room rate
Intensive Care Unit	Subject to deductible and coinsurance	Subject to deductible and coinsurance. $1,500 limit per day - 180 days of coverage per event	Subject to deductible and coinsurance	Subject to deductible and coinsurance

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Summary Schedule of Benefits
(CONTINUED)

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
CAT Scans, MRI, Echocardiography, Endoscopy, Gastroscopy, Cystoscopy	Subject to deductible and coinsurance. $600 maximum limit per examination	Subject to deductible and coinsurance. $600 maximum limit per examination	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Surgery	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Assistant Surgeon	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge
Chemotherapy or Radiation Therapy	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Maternity *Delivery, preventative care, newborn care & congenital disorders, Family Matters Maternity Program (available after 10 months of continuous coverage)*	N/A	N/A	N/A	Maternity deductible: $2,500 In addition to plan deductible lifetime maximum: $50,000
Podiatry Care	N/A	N/A	$750 maximum limit	$750 maximum limit
Physical Therapy	Subject to deductible and coinsurance. $40 maximum per visit - 10 visit limit per event. Available for 90 days following inpatient treatment or outpatient surgery	Subject to deductible and coinsurance. $40 maximum per visit - 30 visit limit	Subject to deductible and coinsurance. $50 maximum per visit	Subject to deductible and coinsurance. $50 maximum per visit
Transplants	$250,000 lifetime maximum	$250,000 lifetime maximum	$1,000,000 lifetime maximum	$2,000,000 lifetime maximum
Prescription Drugs, Dressings, and Durable Medical Equipment	Subject to deductible and coinsurance. Available for 90 days following related inpatient treatment or outpatient surgery. $600 maximum limit per event (includes dressings and durable medical equipment)	Subject to deductible and coinsurance. 90-day supply per prescription following related covered event. U.S. Retail Pharmacy out-of-network: 80% International Retail Phamacy: 100%	Subject to deductible and coinsurance. 90-day supply per prescription. U.S. Retail Pharmacy out-of-network: 80% International Retail Phamacy: 100%	U.S. Retail Pharmacy: prescription drug card required. Copay per 30-day supply: $20 for generic/$40 for brand name where generic is not available. International Retail Pharmacy (subject to deductible): 100%
Expatriate Prescription Services Program	N/A	N/A	N/A	Copay per 30-day supply: $20 for generic/$40 for non-preferred brand name. Must enroll via provider website: www.expatps.com Dispensing maximum: 180 days
Orphan or Biologic Drugs *(Available when all conditions are met)* » Approved in writing by company » Medically necessary » Not experimental or investigational *Applies to period of coverage max. Max limit applies towards lifetime max.*	Inpatient Treatment maximum limit: $250,000. Outpatient Surgery: up to the maximum limit. Subject to deductible and coinsurance. Does not apply to maximum limit per event	Outpatient and Emergency Department Treatment maximum limit: $250,000. Subject to deductible and coinsurance	Inpatient & Outpatient Treatment maximum limit: $250,000. Subject to deductible and coinsurance	Maximum limit $250,000. U.S. Retail Pharmacy & expatriate prescription services program: Subject to copayments. International retail pharmacy: Subject to deductible and coinsurance. Inpatient/outpatient medical treatment: Subject to deductible and coinsurance
Healthy Travel Preventative Coverage	$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination	$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination	$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination	$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination
Vision	Optional Rider	Optional Rider	Optional Rider	$100 maximum per 24 months for exams. $150 per 24 months for materials

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Summary Schedule of Benefits
(CONTINUED)

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
Emergency Local Ambulance *(Injury or illness resulting in an inpatient hospital admission)*	$1,500 maximum limit per event. Not subject to deductible or coinsurance	$1,500 maximum limit per event. Not subject to deductible or coinsurance	Subject to deductible and coinsurance	Not subject to deductible or coinsurance
Emergency Evacuation	$50,000 maximum per period of coverage. Not subject to deductible or coinsurance	$50,000 maximum per period of coverage. Not subject to deductible or coinsurance	Up to lifetime maximum limit. Not subject to deductible or coinsurance	Up to lifetime maximum limit. Not subject to deductible or coinsurance
Emergency Reunion	$10,000 lifetime maximum. Not subject to deductible or coinsurance	N/A	$10,000 lifetime maximum. Not subject to deductible or coinsurance	$10,000 lifetime maximum. Not subject to deductible or coinsurance
Interfacility Ambulance Transfer *(Transfer from one licensed health care facility to another licensed health care facility)*	$1,500 maximum limit per event. Not subject to deductible or coinsurance. U.S. only	$1,500 maximum limit per event. Not subject to deductible or coinsurance. U.S. only	Subject to deductible and coinsurance. U.S. only	Not subject to deductible or coinsurance. U.S. only
Political Evacuation and Repatriation	N/A	N/A	N/A	$10,000 lifetime maximum
Remote Transportation	N/A	N/A	N/A	$5,000 per period of coverage up to $20,000 lifetime maximum. Not subject to deductible or coinsurance
Return of Mortal Remains	$10,000 lifetime maximum. Not subject to deductible or coinsurance	$25,000 lifetime maximum. Not subject to deductible or coinsurance	$25,000 lifetime maximum. Not subject to deductible or coinsurance	$50,000 lifetime maximum. Not subject to deductible or coinsurance
Complementary Medicine	N/A	N/A	$500 maximum limit per period of coverage	$500 maximum limit per period of coverage
Traumatic Dental Injury *Treatment at a hospital facility*	$1,000 per period of coverage	$1,000 per period of coverage	Up to the lifetime maximum limit	Up to the lifetime maximum limit
Treatment due to Unexpected Pain to Sound, Natural Teeth	N/A	N/A	$100 per period of coverage	100%
Non-Emergency Treatment at a Dental Provider due to an Accident	N/A	N/A	$500 per period of coverage	See Non-Emergency Dental benefit
Non-Emergency Dental	Optional Rider	Optional Rider	Optional Rider	$750 maximum per period of coverage; $50 individual deductible, applies to minor restorative and major restorative services
Hospital Indemnity *(Inpatient hospitalization outside the U.S. only)*	Private Hospitals: $400 maximum limit per overnight and $4,000 maximum limit per period of coverage Public Hospitals: $500 maximum limit per overnight and $5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance	Private Hospitals: $400 maximum limit per overnight and $4,000 maximum limit per period of coverage Public Hospitals: $500 maximum limit per overnight and $5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance	Private Hospitals: $400 maximum limit per overnight and $4,000 maximum limit per period of coverage Public Hospitals: $500 maximum limit per overnight and $5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance	Private Hospitals: $400 maximum limit per overnight and $4,000 maximum limit per period of coverage Public Hospitals: $500 maximum limit per overnight and $5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance
Supplemental Accident	N/A	N/A	$300 of eligible medical expenses following an accident. Not subject to deductible or coinsurance	$500 maximum limit per accident. Not subject to deductible and coinsurance
Amateur Sailboat Racing	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Crew Member Return	$2,500 maximum limit. Not subject to deductible or coinsurance	$2,500 maximum limit. Not subject to deductible or coinsurance	$2,500 maximum limit. Not subject to deductible or coinsurance	$2,500 maximum limit. Not subject to deductible or coinsurance

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Summary Schedule of Benefits
(CONTINUED)

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
Adult Preventative Care *(Age 19 or older)*	N/A	N/A	$250 per period of coverage. Not subject to deductible or coinsurance	$500 per period of coverage. Not subject to deductible or coinsurance
Pre-Existing Conditions Limitation*	Excluded	$50,000 lifetime maximum; $5,000 per period of coverage for unknown conditions. Available after 24 months of continuous coverage*	$50,000 lifetime maximum; $5,000 per period of coverage for unknown conditions. Available after 24 months of continuous coverage*	Covered if disclosed and not excluded by rider

**If applicants can verify their prior comprehensive health insurance, with no significant break in coverage (63 days), IMG may accept this as Creditable Coverage and provide a pre-existing conditions waiver (final decision is subject to Underwriter's approval). Creditable Coverage is defined as a group health plan provided by a U.S. employer or Health Insurance Issuer, individual major medical health insurance provided by a Health Insurance Issuer, or other Public Health Plan (any comprehensive health plan established or maintained by a State or the U.S. government).*

Optional Coverage

Global Crew Medical Insurance is designed to help protect individuals from the high cost of medical expenses. In addition to tailored benefits packages, the program offers several optional coverages. You may review and choose the options that meet your needs.

RIDER	DESCRIPTION	
Individual Term Life Insurance *(Amounts shown are the Principal Sums per unit)*	**Age 19 - 29 years**: $75,000 **Age 30 - 39 years**: $50,000 **Age 40 - 44 years**: $35,000 **Age 45 - 49 years**: $25,000 **Age 50 - 54 years**: $20,000 **Age 55 - 59 years**: $15,000 **Age 60 - 64 years**: $10,000 **Age 65 - 69 years**: $7,500	
Accidental Death & Dismemberment (AD&D) - included with Individual Term Life Insurance	Accidental Loss of Life: Principal Sum* Accidental Total Loss of 2 body parts**: Principal Sum* Accidental Total Loss of 1 body part**: 50% of Principal Sum* *(*Benefit based on age at time of death **"body part" means hand, foot, or eye)*	
Terrorism *(Platinum plan option)*	$50,000 lifetime maximum for Eligible Medical Expenses arising out of injury or illness incurred by the Insured as a result of or in connection with an act of terrorism *(Refer to rider for more details)*	
Sports *(Gold and Platinum plan options)* *(Refer to rider for a comprehensive list of sports excluded)*	$10,000 lifetime maximum for amateur athletics **Adventure Sports:** Through age 49 years: $50,000 lifetime maximum Age 50 years through age 59 years: $30,000 lifetime maximum Age 60 years through age 64 years: $15,000 lifetime maximum	
Dental & Vision *(Bronze, Silver, and Gold plan options)*	**Dental** *$750 per period of coverage* *$50 deductible (max. 2 per family)* *Routine services - 90% (deductible is waived)* *Minor restorative - 70%,* *Major restorative - 50%* *6-month waiting period*	**Vision** *Exams - up to $100 per 24 months* *Materials - up to $150 per 24 months*

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World-Class Services

Medical Concierge

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

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

My*IMG*℠ Travel Intelligence & Member Tools

It's easy to access and manage your IMG accounts any time, from anywhere and any device, via My*IMG*.

With **My*IMG* Travel Intelligence**, you can get location-specific alerts across ten threat categories that span health, transportation, security, and weather. Leverage location-specific travel intelligence, like travel tips, tools, and key insights from local analysts.

Additional My*IMG* features include:

- **Claims** submission and management
- **ID Card and insurance documents** access
- **Precertification** process initiation
- **Explanation of Benefit (EOB)** access
- **Customer Care live chat** and contact information
- **Find a Doctor** locator

GLOBAL peace of mind®

Teladoc

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

Universal Rx Pharmacy Discount Savings

This discount savings program allows you to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of **1)** Universal Rx contract price or **2)** the pharmacy regular retail price. This program is not insurance coverage. It is purely a discount program.

eDocAmerica

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

The Family Matters® Maternity Program

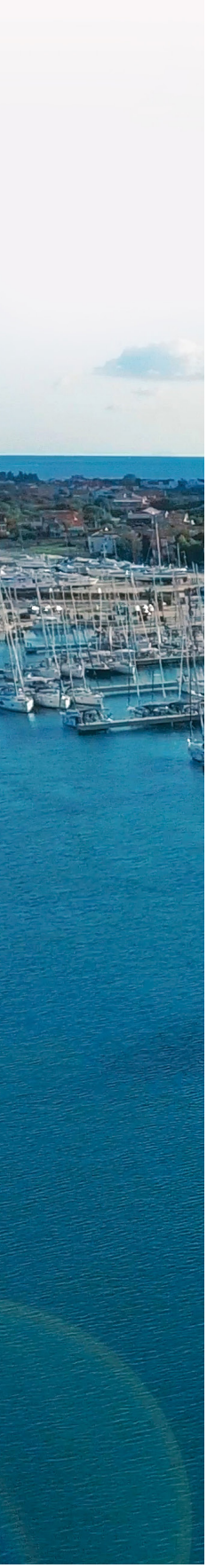
This program is designed to provide you with educational information on your pregnancy and suggestions for a healthy lifestyle for the expecting mom and family. A complimentary copy of the book "What to Expect When You're Expecting" is provided to help answer the day-to-day questions faced by all expectant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

Global Concierge

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

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

COVERAGE
you can count on,
WITH 24/7 SERVICE ANYWHERE IN THE WORLD



Eligibility

Global Crew Medical Insurance is available to individuals of all nationalities. U.S. citizens must plan to be residing outside the U.S. on or before their effective renewal dates, and for at least six (6) out of the next 12 months. Additional eligibility restrictions apply to non-U.S. citizens residing in the United States. Persons from the ages of 19 years to 74 years may apply for coverage, up until the age of 75. Persons 75 years of age and older are not eligible for coverage. Please see a sample contract for further details.

Lifetime Coverage

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

Enrollment

To apply for Global Crew Medical Insurance, simply complete and return the application. You must accurately complete all questions outlined in the application in order to be considered for coverage.

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

Quality Guarantee

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

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

GLOBAL
peace of mind®

WORRY LESS. **EXPERIENCE MORE.**

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Producer Contact Information

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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Capitalized terms are defined in the Certificate of Insurance.