

Patriot Adventure℠

Travel Medical Insurance

Travel medical insurance for adventure sports enthusiasts who are traveling abroad

WWW.IMGLOBAL.COM

IMG™



WHY IMG?

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

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

Financial Stability. Our globally recognized underwriters, A-rated Sirius International Insurance Corporation (publ) and certain underwriters at Lloyd's, offer the financial security and reputation demanded by international consumers.

Service Without Obstacles. IMG's team of international, multilingual specialists is accustomed to working in multiple time zones, languages and currencies. Our global reach means we can work without barriers.

Accessible Technology. Log on to the secure, 24-hour online portal, MyIMG℠, to submit and view your claims, manage your account, search for providers, Live Chat with representatives and more.

International Provider Access℠ (IPA). In addition to our expansive PPO network available for treatment received within the U.S., our proprietary IPA network of more than 17,000 accomplished physicians and facilities allows you to access quality care worldwide. Our direct billing arrangements can also ease the time and upfront expense at select providers.

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



WHY CHOOSE PATRIOT ADVENTURE

Accidents and emergencies happen — and when they do, you wouldn't want to be hundreds or thousands of miles away from home without the proper coverage, especially when you're participating in adventure sports.

Don't let your medical coverage be an uncertainty. Travel with one of IMG's Patriot Adventure plans, which offer a complete package of international benefits available 24 hours a day.

Patriot Adventure International provides coverage for U.S. citizens traveling outside of the U.S., while **Patriot Adventure America** provides coverage for non-U.S. citizens traveling outside of their home country. Both plans are available for a minimum of 30 days up to a maximum of six months.

ADDITIONAL WORLD-CLASS SERVICES

My*IMG*℠

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

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

Universal Rx Pharmacy Discount Savings

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

PLAN INFORMATION & HIGHLIGHTS

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

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

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

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

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

Emergency Medical Evacuation	Up to the maximum limit
Emergency Reunion	Up to $10,000
Return of Mortal Remains or Cremation/Burial	Up to $15,000 for return of mortal remains or $5,000 for cremation/burial
Political Evacuation	Up to $10,000

ADDITIONAL BENEFITS

Sports & Activities Coverage	Up to the maximum limit for basic sports
Sudden Recurrence of a Pre-Existing Condition - Medical (for U.S. citizens only)	Up to $1,000 of eligible expenses
Sudden Recurrence of a Pre-Existing Condition - Emergency Medical Evacuation (for U.S. citizens only)	Up to $25,000 of eligible expenses
Common Carrier Accidental Death	$50,000 to beneficiary; maximum of $250,000 per family
Trip Interruption	Up to $5,000
Adventure Sports	Up to the maximum limit
Lost Luggage	Up to $50 per item of personal property; maximum of $250

PATRIOT ADVENTURE INTERNATIONAL RATES *(Coverage from 30 days to 6 months*)*

MONTHLY RATES *($50,000 maximum limit)*

Age	One Month
17 or younger	$54
18 - 39	$64
40 - 49	$100

EACH ADDITIONAL 15 DAYS *($50,000 maximum limit)*

Age	15 Days
17 or younger	$27
18 - 39	$32
40 - 49	$50

PATRIOT ADVENTURE AMERICA RATES *(Coverage from 30 days to 6 months*)*

MONTHLY RATES *($50,000 maximum limit)*

Age	One Month
17 or younger	$72
18 - 39	$94
40 - 49	$142

EACH ADDITIONAL 15 DAYS *($50,000 maximum limit)*

Age	15 Days
17 or younger	$36
18 - 39	$47
40 - 49	$71

Coverage under Patriot Adventure International and Patriot Adventure America must be purchased for a minimum of one month.

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.




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CONDITIONS OF COVERAGE

1. The coverage and benefits are subject to the deductible and coinsurance, and all terms of the Certificate of Insurance and Master Policy.
2. Coverage under Patriot Adventure 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 90 days from the date the claim was incurred.

ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in Patriot Adventure:

- For coverage while participating in any of the covered adventure sports activities, you must be medically and physically fit to engage in such activity and hold the necessary qualifications as approved by the applicable governing body or authority.
- Patriot Adventure is travel medical insurance for U.S. citizens traveling outside of the United States and for non-U.S. citizens traveling outside of their home country.

EXTENSION OF COVERAGE

Patriot Adventure can be rewritten for succeeding or subsequent periods, but it is not renewable. New deductible, coinsurance, eligibility, conditions of coverage and pre-existing condition exclusions apply to any succeeding or subsequent period of coverage. A new application must also be completed.

ENROLLMENT

To apply, simply complete and return the application. If you are applying as a family, you may include yourself, your spouse and dependents on one application. If you have dependents who are 18 years of age or older, you must complete a separate application for those individuals. If approved, you will receive a fulfillment kit, which includes an identification card, declaration of insurance and a Certificate Wording containing a complete description of benefits, exclusions and terms of the plan.

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.

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




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Producer Contact Information

Arno Chrispeels
5852 Stresemann St
San Diego, CA 92122-3141
Phone: 858-750-9080
arno@healthisinternational.com
http://www.healthisinternational.com

TM

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered, and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the insurance contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the insurance contract. Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

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PATRIOT ADVENTURE℠ APPLICATION

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

1 PRIMARY APPLICANT INFORMATION

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

2 FULFILLMENT AND INFORMATION DELIVERY METHOD

☐ **Communications should be sent via email to:**

☐ **For mail fulfillment kit, and renewal information** *(if applicable):* **I do not mind the delays associated with receiving the initial communication via regular mail. I prefer to receive a paper copy of the coverage verification letter and insurance contract to the following address:**

Name:		Address:
City:	Postal Code:	Country:

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

3 PLAN OPTIONS

Select the coverage plan (*Check one plan*):

☐ Patriot Adventure America for non-U.S. citizens

☐ Patriot Adventure International for U.S. citizens

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)*

4 PREMIUM CALCULATION

Names of Persons to be insured: *Please attach additional sheet for more children*		Date of Birth *(month/day/year)*	Monthly Premium	Additional 15 Day Premium
Applicant		___/___/___		
Spouse		___/___/___	+	+
Child 1		___/___/___	+	+
Child 2		___/___/___	+	+
		TOTAL	(A)	(B)

_____ X _____ = _____ + _____ = _____

(A) Monthly premium total (*from total A*) # of Months travel coverage **(B)** 15 day premium total (*from total B*) **(C)**

_____ + _____ = _____

(C) Enter the amount from C $20 *optional express mail* **TOTAL AMOUNT DUE**

List all recreational and/or adventure sports activities planned for the requested period of coverage
(Note: *only certain designated adventure sports are covered under this insurance plan*):

Beneficiaries

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

APPLICATION FORM CONTINUED ON BACK

PATRIOT ADVENTURE℠ APPLICATION

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8 SUBSCRIPTION

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

ACKNOWLEDGMENT. The applicants understand and agree that: (i) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of applicants and IMG acts in fulfillment of its contractual duties to the Company and on behalf of the Company, (ii) the insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the time frame outlined in the contract prior to the effective date, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage under the insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicants, the Company or IMG to be resident, located, or expressly to be performed in any particular jurisdiction, and (iv) the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract and IMG has no direct or independent liability under any insurance contract.

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

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

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and resident-aliens to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely the applicants' responsibility to determine the insurance requirements applicable to them and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the applicants may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA.

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

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

9 PAYMENT METHOD

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

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

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

IMG PRODUCER USE ONLY

Producer #: 56546		
Name: Arno Chrispeels		
Address: 5852 Stresemann St		
City: San Diego	State: CA	Zip: 92122-3141
Phone: 858-750-9080		
Email: arno@healthisinternational.com		