

Patriot GoTravel℠

Medical insurance and travel protection for international travelers

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IMG®

INTERNATIONAL MEDICAL GROUP

Why Consider International Travel Medical Insurance?

Traveling abroad can be an exciting experience. 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 GoTravel℠ plans to provide you and your family Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical coverage.

Why Patriot GoTravel℠

The two Patriot GoTravel plans offer a complete package of international benefits available 24 hours a day. **Patriot GoTravel International** provides coverage for U.S. citizens traveling outside the U.S. with coverage for brief returns to the U.S., while **Patriot GoTravel 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 two years, in accordance with the terms of the Certificate of Insurance.

Additionally, the plans offer excellent benefits and services to meet your global travel needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment. You can also choose from a wide range of deductibles, several Maximum Limits, 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 services 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	$50,000, $100,000, $500,000, $1,000,000, $2,000,000
Individual Deductible	$0, $100, $250, $500, $1,000, $2,500
Coinsurance - for treatment received outside the U.S. & Canada	No Coinsurance
Coinsurance - for treatment received within the U.S. & Canada	In the PPO Network - The plan pays 90% of eligible expenses up to $5,000, then 100% up to the Maximum Limit Out of the PPO Network - The plan pays 80% of eligible expenses up to $5,000, then 100% up to the Maximum Limit
Benefit Period	Six months
My*IMG*℠	24 hour secure access from anywhere in the world to manage your account at anytime
World-class Medical Benefits	Coverage available for in-patient and out-patient medical expenses

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 for average semi-private room rate
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
Prescription Drugs	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
Hospital Daily Indemnity	Up to $100 per night up to a maximum of 10 days

ADDITIONAL BENEFITS

Terrorism	Up to $50,000 lifetime maximum
Sports & Activities Coverage	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
Incidental Home Country Coverage	Up to a cumulative two weeks
End of Trip Home Country Coverage	One month for every five months of travel coverage purchased, up to a maximum of two months
Trip Interruption	Up to $5,000
Common Carrier Accidental Death	$50,000 to beneficiary; maximum of $250,000 per family
Accidental Death & Dismemberment	$25,000 principle sum
Identity Theft Assistance	Up to $500 per Period of Coverage
Natural Disaster	$100 per day for five days

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

The benefits and riders on pages 3 and 4 are a summary only. Please see pages 10-13 for a list of descriptions.

PATRIOT GOTRAVEL INTERNATIONAL RATES

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

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

	Option 5 $50,000	Option 6 $100,000	Option 7 $500,000	Option 8 $1,000,000	Option 9 $2,000,000
Age	**One Month**	**One Month**	**One Month**	**One Month**	**One Month**
18-29	$29	$34	$40	$44	$50
30-39	$34	$40	$53	$58	$66
40-49	$54	$61	$67	$75	$91
50-59	$88	$100	$112	$125	$141
60-64	$100	$119	$141	$166	$185
65-69	$119	$127	$146	$174	$224
70-79	$174	N/A	N/A	N/A	N/A
80+*	$348	N/A	N/A	N/A	N/A
Dep. Child	$26	$30	$36	$40	$45
Child Alone	$29	$33	$38	$42	$48

***10,000 Maximum**

DAILY RATES (10 day minimum)

	Option 5 $50,000	Option 6 $100,000	Option 7 $500,000	Option 8 $1,000,000	Option 9 $2,000,000
Age	**Daily**	**Daily**	**Daily**	**Daily**	**Daily**
18-29	$1.00	$1.15	$1.35	$1.50	$1.65
30-39	$1.15	$1.35	$1.75	$1.95	$2.20
40-49	$1.80	$2.05	$2.25	$2.50	$3.05
50-59	$2.95	$3.35	$3.75	$4.20	$4.70
60-64	$3.35	$3.95	$4.70	$5.55	$6.20
65-69	$3.95	$4.25	$4.85	$5.80	$7.50
70-79	$5.80	N/A	N/A	N/A	N/A
80+*	$11.60	N/A	N/A	N/A	N/A
Dep. Child	$ .90	$1.00	$1.20	$1.35	$1.50
Child Alone	$1.00	$1.10	$1.25	$1.40	$1.60

***10,000 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.

PATRIOT GOTRAVEL AMERICA RATES

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

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

	Option 1 $50,000	Option 2 $100,000	Option 3 $500,000	Option 4 $1,000,000
Age	**One Month**	**One Month**	**One Month**	**One Month**
18-29	$42	$49	$63	$74
30-39	$55	$66	$82	$95
40-49	$82	$94	$123	$139
50-59	$118	$144	$174	$202
60-64	$139	$171	$203	$243
65-69	$159	$204	$221	$265
70-79	$215	N/A	N/A	N/A
80+*	$373	N/A	N/A	N/A
Dep. Child	$36	$43	$55	$62
Child Alone	$38	$45	$58	$65

***10,000 Maximum**

DAILY RATES (10 day minimum)

	Option 1 $50,000	Option 2 $100,000	Option 3 $500,000	Option 4 $1,000,000
Age	**Daily**	**Daily**	**Daily**	**Daily**
18-29	$1.42	$1.72	$2.16	$2.50
30-39	$1.86	$2.21	$2.79	$3.19
40-49	$2.79	$3.19	$4.17	$4.70
50-59	$3.97	$4.85	$5.88	$6.76
60-64	$4.70	$5.73	$6.81	$8.18
65-69	$5.34	$6.86	$7.45	$8.87
70-79	$7.20	N/A	N/A	N/A
80+*	$12.50	N/A	N/A	N/A
Dep. Child	$1.20	$1.45	$1.85	$2.10
Child Alone	$1.32	$1.57	$1.96	$2.21

***10,000 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.

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 80 years of age or older is $10,000.

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 GoTravel 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 GoTravel.

- Patriot GoTravel 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 GoTravel 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 two 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 effect 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 GoTravel 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 11).

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 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 2 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 GoTravel 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 GoTravel plans.

DEDUCTIBLE:

On the Application Form, you will be asked to circle your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

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.

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 GoTravel International will pay the Usual, Reasonable and Customary charges of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 13) up to the plan maximum. For those without a primary health plan, Patriot GoTravel International will pay up to a $20,000 lifetime maximum. For those age 65 and older, with or without a primary health plan, Patriot GoTravel 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 GoTravel 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 GoTravel America will pay up to a $50,000 lifetime maximum for eligible medical expenses. For those age 65 and older, Patriot GoTravel America will pay up to $2,500 lifetime maximum.

HOSPITAL DAILY INDEMNITY:

Each plan pays $100 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. This benefit is not available for Patriot GoTravel America (non-U.S. citizens) if the hospitalization is due to the Sudden Recurrence of a Pre-existing Condition.

BENEFIT PERIOD:

If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the six-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.

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 five 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 two months. To purchase this special home country extension coverage, please calculate your premium on the Application Form to include the additional month(s).

SPORTS AND ACTIVITIES COVERAGE:
Each Patriot GoTravel 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 GoTravel plan offers a $25,000 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, $50,000 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 unexpected 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 GoTravel 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 GoTravel 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 subject to a $50,000 lifetime maximum. 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 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 GoTravel plans provide coverage 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.

DESCRIPTION OF OPTIONAL RIDERS

ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on both Patriot GoTravel 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), 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 14, 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 GoTravel 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.

EXCLUSIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Patriot GoTravel 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, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, 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.
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 with 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, subaquatic 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 10.

This brochure contains only a brief summary of current Patriot GoTravel 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 GoTravel 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* SM

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

With the Patriot GoTravel plans, 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 indepen-

dent 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.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to *every* certificate holder of the Patriot GoTravel 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 GoTravel plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

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.

1. Primary applicant information: Patriot GoTravel℠ ***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 8 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 GoTravel America for non-U.S. citizens *(see page 6)* → Option Number ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Patriot GoTravel International for U.S. citizens *(see page 5)* → Option Number ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

☐ 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_____	=_____

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

_____ **Total (A)** _____ **Total (B)** _____ **Total (C)**

5. End of Trip Home Country Coverage *(see page 11 for details)*

One month for every five months of purchased Travel Medical coverage up to a maximum of two months of Home Country 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	$500	.90
	$100	1.10	$1000	.80
	$250	1.00	$2500	.70

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) =_____

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

Adventure Sports Rider enter .20 if applicable _____

Citizenship Return Rider enter .05 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

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

_____÷ 100 =_____X 4.35 = _____ **(H)**
Total cost of trip for all travelers *(minimum $500 per traveler)*

Enter (H) 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 +_____

$20 *optional* express mail +_____

TOTAL AMOUNT DUE =_____

IMG Producer Use Only

Producer# 80001774

GA#_____

Name TRANSPORT RISK MANAGEMENT, INC.

Address 12424 BIG TIMBER DRIVE, #5

_____

City, State, Zip CONIFER CO 80433

Phone 720-208-0844

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 GoTravel 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 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 7H):

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. 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. 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:

TRANSPORT RISK MANAGEMENT, INC.
12424 BIG TIMBER DRIVE, #5
CONIFER, CO 80433
Phone: 720-208-0844
Fax: 720-208-0845
img@transportrisk.com
http://www.transportrisk.com

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
Email: insurance@imglobal.com
www.imglobal.com
As the Plan Administrator for Patriot GoTravel Medical Insurance℠, IMG acts as the authorized agent for and on behalf of Sirius International.

Sirius International

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