PATRIOT

Travel Series

GLOBAL *peace of mind*®

Short-term travel medical insurance for individuals, families, and groups

WWW.IMGLOBAL.COM

LARGE COMPANY RESOURCES.
SMALL COMPANY ATTITUDE.

Since 1990, **IMG®** has provided global benefits and assistance services to millions of customers in nearly every country around the world. Owned by Sirius Group, a 2.6 billion-dollar, AM Best "A" rated insurance industry leader, IMG is uniquely positioned to deliver the **Global Peace of Mind®** our members need.

- **24/7 medical and travel assistance services**
- **Multilingual staff & claims administrators**
- **Highly trained customer service professionals**
- **Core values driven by a commitment to customers**
- **Customer service centers located in the U.S. and U.K.**
- **Financial security to fulfill our promise when you need it most**

Global presence.
Local care.

GET COVERED AWAY FROM HOME.

International travel can become a scary situation if you're not prepared for a medical emergency. Most travelers assume they're already covered by their standard medical plan—but that isn't always the case. While domestic plans provide sufficient coverage at home, most are not designed to provide the coverage and assistance required for international travel. Don't let your medical coverage be an uncertainty. Choose the **Patriot Travel®** plan that meets your needs and spend more time enjoying your international experience—***not worrying about your medical coverage.***

INSIDE THE U.S.

If you're visiting the United States, we offer three plans to meet your needs:

Patriot® AMERICA

- **Maximum limits:** $50,000 to $1,000,000
- **Deductible:** $0 to $2,500
- **Extensions:** Up to 24 continuous months
- **Emergency medical evacuation:** $1 million
- **Coinsurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 80% up to $5,000, then 100%
- **Acute onset of pre-existing conditions:** No coverage
- **Remote transportation:** No coverage
- **Supplemental accident:** No coverage

Patriot America® PLUS

- **Maximum limits:** $50,000 to $1,000,000
- **Deductible:** $0 to $2,500
- **Extensions:** Up to 24 continuous months
- **Emergency medical evacuation:** $1 million
- **Coinsurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 80% up to $5,000, then 100%
- **Acute onset of pre-existing conditions:** Under 70 years of age, up to the maximum limit. $25,000 maximum limit for medical evacuation
- **Remote transportation:** No coverage
- **Supplemental accident:** No coverage

Patriot America® PLATINUM

- **Maximum limits:** $2,000,000 to $8,000,000
- **Deductible:** $0 to $25,000
- **Extensions:** Up to 36 continuous months
- **Emergency medical evacuation:** Up to maximum limit
- **Coinsurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 90% up to $5,000, then 100%
- **Acute onset of pre-existing conditions:** Under 70 years of age, with varying limits by age up to $1,000,000. $25,000 maximum limit for medical evacuation
- **Remote transportation:** $5,000 per period, $20,000 lifetime maximum
- **Supplemental accident:** $300 per covered accident

OUTSIDE THE U.S.

We also have plan options for those traveling outside the United States:

Patriot® INTERNATIONAL

- **Maximum limits:** $50,000 to $1,000,000
- **Deductible:** $0 to $2,500
- **Extensions:** Up to 24 continuous months
- **Emergency medical evacuation:** $1 million
- **Coinsurance:** IMG pays 100% outside of the U.S.
- **Acute onset of pre-existing conditions:** Under 70 years of age, with varying limits by age up to the maximum limit. $25,000 maximum limit for medical evacuation
- **Remote transportation:** No coverage
- **Supplemental accident:** No coverage
- **Incidental emergency in the U.S.:** Up to 2 weeks

Patriot International® PLATINUM

- **Maximum limits:** $2,000,000 to $8,000,000
- **Deductible:** $0 to $25,000
- **Extensions:** Up to 36 continuous months
- **Emergency medical evacuation:** Up to maximum limit
- **Coinsurance:** IMG pays 100% outside of the U.S.
- **Acute onset of pre-existing conditions:** Under 70 years of age, with varying limits by age up to $1,000,000. $25,000 maximum limit for medical evacuation
- **Remote transportation:** $5,000 per period, $20,000 lifetime maximum
- **Supplemental accident:** $300 per covered accident
- **Incidental emergency in the U.S.:** Up to 2 weeks

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

SUMMARY OF BENEFITS

The following benefits and coverage levels are shared across all Patriot Travel Series products:

Benefit	Coverage
Inpatient or Outpatient Services	
Eligible Medical Expenses	Up to the maximum limit
Physician Visits / Services	Up to the maximum limit
Urgent Care Clinic	$25 copay. Copay is not applicable when the $0 deductible is selected. Not subject to deductible.
Walk-in Clinic	$15 copay. Copay is not applicable when the $0 deductible is selected. Not subject to deductible.
Hospital Emergency Room: *Inside the U.S.*	Injury not subject to emergency room deductible. Illness: Subject to a $250 deductible for each emergency room visit for treatment that does not result in direct inpatient hospital admission. Up to the maximum limit.
Hospital Emergency Room: *Outside the U.S.*	Up to the maximum limit
Hospitalization / Room & Board	Average semi-private room rate up to the maximum limit. Includes nursing service.
Intensive Care	Up to the maximum limit
Bedside Visit *Hospitalized in an intensive care unit*	$1,500 maximum limit. Not subject to deductible.
Outpatient Surgical / Hospital Facility	Up to the maximum limit
Laboratory	Up to the maximum limit

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

SUMMARY OF BENEFITS (CONTINUED)

Benefit	Coverage
Radiology / X-ray	Up to the maximum limit
Chemotherapy / Radiation Therapy	Up to the maximum limit
Pre-Admission Testing	Up to the maximum limit
Surgery	Up to the maximum limit
Reconstructive Surgery *Surgery is incidental to and follows surgery that was covered under the plan*	Up to the maximum limit
Assistant Surgeon	20% of the primary surgeon's eligible fee
Anesthesia	Up to the maximum limit
Durable Medical Equipment	Up to the maximum limit
Chiropractic Care *Medical order or treatment plan required*	Up to the maximum limit
Physical Therapy *Medical order or treatment plan required*	Up to the maximum limit
Extended Care Facility *Upon direct transfer from an acute care facility*	Up to the maximum limit
Home Nursing Care *Upon direct transfer from an acute care facility*	Up to the maximum limit
Prescriptions	
Prescriptions *Dispensing limit per prescription: 90 days*	Up to the maximum limit
Emergency Services	
Emergency Local Ambulance *Injury or illness resulting in an inpatient hospital admission*	Up to the maximum limit. Subject to deductible and coinsurance.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Benefit	Coverage
Emergency Reunion *Must be approved in advance by the company*	$100,000 maximum limit. Not subject to deductible.
Interfacility Ambulance Transfer *Transfer from one licensed health care facility to another licensed health care facility resulting in an inpatient hospital admission*	Company pays 100%
Natural Disaster Evacuation *Must be approved in advance by the company*	$25,000 maximum limit. Not subject to deductible.
Political Evacuation & Repatriation *Must be approved in advance by the company*	$100,000 maximum limit. Not subject to deductible.
Return of Minor Children *Must be approved in advance by the company*	$100,000 maximum limit. Not subject to deductible.
Return of Mortal Remains or Cremation/Burial *Must be approved in advance by the company*	Up to the maximum limit for return of mortal remains or ashes to country of residence, or $5,000 maximum limit for cremation or local burial at the place of death. Not subject to deductible.
Other Services	
Accidental Death & Dismemberment (AD&D) *Death must occur within 90 days of the accident*	$50,000 principal sum. Not subject to deductible.
Common Carrier Accidental Death	$25,000 per injured child, $100,000 per insured adult, $250,000 maximum limit per family. Not subject to deductible.
Dental Treatment	$300 maximum limit due to dental accident or unexpected pain to sound natural teeth. Subject to deductible and coinsurance.
Traumatic Dental Injury *Treatment at a hospital due to an accident*	Up to the maximum limit. Additional treatment for the same injury rendered by a dental provider will be paid at 100%. Subject to deductible and coinsurance.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Benefit	Coverage
Emergency Eye Examination *Loss or damage to prescription corrective lenses due to an accident*	$150 maximum limit. $50 deductible per occurrence. Subject to coinsurance.
Hospital Indemnity	$250 per overnight inpatient confinement, maximum limit of 10 overnights. Not subject to deductible.
Identity Theft	$500 maximum limit. Not subject to deductible.
Lost Luggage	$50 per item, $500 maximum limit. Not subject to deductible.
Natural Disaster	$250 per day and maximum limit of five days for accommodations. Not subject to deductible.
Personal Liability *Secondary to any other insurance*	$25,000 combined maximum limit. Injury to a third person: $100 per injury deductible. Damage to a third person's property: $100 per damage deductible. No coverage for injury to a related third party or damage to related third person's property.
Pet Return *For a pet cat or dog traveling with the insured person*	$1,000 maximum limit. Not subject to deductible.
Small Pet Common Air Carrier Accidental Death Benefit *For a pet cat or dog up to 30 pounds traveling with the insured person*	$500 maximum limit. Not subject to deductible.
Terrorism	$50,000 maximum limit. Not subject to deductible.
Trip Interruption	$10,000 maximum limit. Not subject to deductible.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

EXPAND YOUR COVERAGE

PT

It's easy to customize your coverage to best meet your needs while away from home. When submitting your online or paper application, simply add the riders you need to the plan you've selected.

Adventure Sports Rider

If you're a thrill-seeking traveler who enjoys life's more adventurous activities, you may want to consider adding supplemental coverage to your plan. The Adventure Sports Rider provides coverage for injuries sustained during certain extreme sports that would otherwise be excluded from your travel insurance policy.

Lifetime Maximum
Age 0-49: $50,000
Age: 50-59: $30,000
Age: 60-64: $15,000

Chaperone/Faculty Leader Replacement Rider*

If you are the designated chaperone/faculty leader and experience an unexpected death of a relative, a medical emergency, or the destruction of your residence that causes you to cancel or interrupt travel, this rider covers reimbursement for a round trip economy airline ticket up to $3,000 for a replacement chaperone/faculty leader.

**Rider option is available on group plans only.*

Evacuation Plus Rider**

While Patriot provides emergency medical evacuation coverage for life-threatening injuries and illness, the Evacuation Plus Rider provides coverage up to $25,000 for medical evacuations if you experience a sudden, non-life-threatening medical condition that requires hospitalization. IMG will arrange and cover ground and air transportation to the nearest hospital capable of providing treatment

Note: *Must be purchased for a minimum of three months regardless of the minimum number of days being traveled. Premium is charged in whole-month increments. This benefit is included with the purchase of Platinum plans.*

Enhanced Accidental Death & Dismemberment Rider (AD&D)**

Accidents can happen—wouldn't you rather be prepared, especially when you're away from home? The AD&D rider will pay you or your beneficiaries up to $400,000 if your death or dismemberment is the direct result of an accident.

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

***Rider option is available on individual plans only.*

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

INNOVATIVE TECHNOLOGY & **MEMBER** SERVICES

Self-Service Member Portal

My*IMG*[SM] provides service at your fingertips, giving you the information and tools to manage your IMG plans anytime, anywhere, through award-winning, easy-to-use technology. You'll have immediate access to these important resources online, including our 24/7/365 service centers, plan document access, claims management tools, Explanations of Benefits, and much more.

Pharmacy Discount Savings

Universal Rx is a discount savings program that allows you to purchase prescriptions from one of 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 network offers a simplified claims process with minimal paperwork for the member if they visit an in-network provider.

This program is not insurance coverage; it is purely a discount program.

Extensive Network Access

UnitedHealthcare

For travelers in the U.S., the UnitedHealthcare Options network is a longstanding reputable tier 1 network that gives you more access to more doctors and services, including:

- Over 895,000 physicians
- 5,600 hospitals in the U.S.
- Retail urgent care facilities
- A streamlined claims process

International Provider Access[SM]

Travelers outside of the U.S. can also enjoy access to quality healthcare worldwide with our proprietary IPA network that includes:

- Over 18,550 physicians and facilities
- Direct billing arrangements that minimize time and upfront expense

WORRY LESS. *Experience more.*

PT

PATRIOT TRAVEL
MEDICAL INSURANCE®

HOW TO GET COVERED

1

Step 1:
Contact your producer directly to obtain an application or to apply online.

2

Step 2:
Complete your application: If applying as a family, you may include yourself, your spouse, and dependents on one application. Please complete a group application if you have two or more primary insureds.

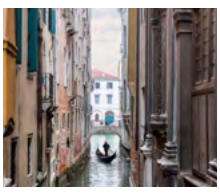
3

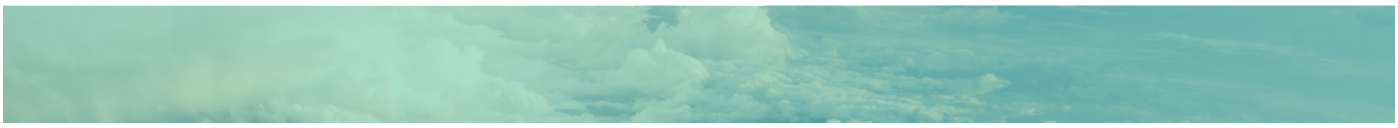
Step 3:
Receive a fulfillment kit that includes an identification card, declaration of insurance, and a Certificate of Insurance outlining the details of the plan. Welcome to the IMG family!

HOW TO EXTEND YOUR COVERAGE

To meet the needs of our customers, Patriot Travel Series plans can be purchased for up to a 12-month period. Patriot America, Patriot International, and Patriot America Plus plans can be extended up to 24 continuous months, and Patriot Platinum plans can be extended up to a maximum of 36 continuous months. To renew your coverage, please visit our website.

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 Patriot Travel Medical Insurance, please see IMG's Frequently Asked Questions at www.imglobal.com/faq.*





PT

UNDERSTANDING YOUR NEEDS.
EXCEEDING YOUR EXPECTATIONS.

PATRIOT

Travel Series

GLOBAL *peace of mind*®

IMG®

Producer Contact Information

Y. C. R. Contact SA
450 METERS NORTE DE BAC CREDOMATIC
CIPRESES DE CURRIDABAT
SAN JOSE 00000 Costa Rica
Phone: 506-8878-4932
Fax: 506-2271-2149
info@yourcostaricacontact.com
http://www.yourcostaricacontact.com

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.

This brochure contains many of the valuable trademarks, names, titles, logos, images, designs, copyrights and other proprietary materials owned and registered and used by International Medical Group, Inc. and its representatives throughout the world. © 2007-2019 International Medical Group, Inc. All rights reserved.

Patriot® Travel Series
Daily Rates

INSIDE THE U.S.

Patriot America®
(Destination includes the U.S.)

Age	Maximum Limit $50,000	$100,000	$500,000	$1 Million
0 - 17	$1.14	$1.44	$2.05	$2.20
18 - 29	$1.14	$1.44	$2.05	$2.20
30 - 39	$1.54	$2.12	$2.70	$2.81
40 - 49	$2.27	$2.84	$3.86	$4.17
50 - 59	$3.36	$4.23	$6.01	$6.21
60 - 64	$3.91	$5.12	$7.60	$7.81
65 - 69	$4.48	$5.74	$8.43	$8.64
70 - 79	$6.67	N/A	N/A	N/A
80 + *	$11.26	N/A	N/A	N/A

**$10,000 Limit*

Patriot America Plus®
(Destination includes the U.S.)

Age	Maximum Limit $50,000	$100,000	$500,000	$1 Million
0 - 17	$1.28	$1.63	$2.28	$2.53
18 - 29	$1.29	$1.63	$2.32	$2.53
30 - 39	$1.74	$2.40	$3.05	$3.23
40 - 49	$2.57	$3.21	$4.36	$4.80
50 - 59	$3.80	$4.78	$6.79	$7.14
60 - 64	$4.42	$5.79	$8.59	$8.98
65 - 69	$5.06	$6.49	$9.53	$9.94
70 - 79	$7.54	N/A	N/A	N/A
80 + *	$12.72	N/A	N/A	N/A

**$10,000 limit*

Patriot America Platinum
(Destination includes the U.S.)

Age	Maximum Limit $2 million	$5 million	$8 million
0 - 17	$2.56	$3.30	$4.57
18 - 29	$2.57	$3.31	$4.65
30 - 39	$3.47	$4.88	$6.13
40 - 49	$5.11	$6.53	$8.76
50 - 59	$7.56	$9.73	$13.64
60 - 64	$9.00	$11.78	$17.25
65 - 69	$10.08	$13.20	$19.14
70 - 79*	$15.01	N/A	N/A
80 + **	$25.34	N/A	N/A

$100,000 limit* *$20,000 limit*

Those interested in purchasing a group plan *(e.g. two primaries and at least 5 insureds)* are eligible for a **10 percent discount**.

Additional Deductible Options									
Deductible	$0	$100	$250	$500	$1,000	$2,500	$5,000*	$10,000*	$25,000*
Rate Factor	1.25	1.10	1.00	.90	.80	.70	.60	.55	.45

**Available on Platinum only*

OUTSIDE THE U.S.

Patriot International®
(Destination excludes the U.S.)

Age	Maximum Limit $50,000	$100,000	$500,000	$1 Million
0 - 17	$0.74	$0.90	$1.05	$1.16
18 - 29	$0.77	$0.95	$1.10	$1.22
30 - 39	$0.91	$1.10	$1.39	$1.45
40 - 49	$1.53	$1.80	$2.05	$2.07
50 - 59	$2.59	$2.98	$3.16	$3.22
60 - 64	$3.25	$3.55	$3.84	$3.88
65 - 69	$3.82	$4.15	$4.80	$5.18
70 - 79	$5.70	N/A	N/A	N/A
80 + *	$10.11	N/A	N/A	N/A

**$10,000 Limit*

Patriot International Platinum
(Destination excludes the U.S.)

Age	Maximum Limit $2 million	$5 million	$8 million
0 - 17	$1.25	$1.58	$1.81
18 - 29	$1.31	$1.66	$1.89
30 - 39	$1.55	$1.93	$2.39
40 - 49	$2.60	$3.15	$3.53
50 - 59	$4.41	$5.22	$5.44
60 - 64	$5.53	$6.21	$6.60
65 - 69	$6.50	$7.26	$8.26
70 - 79*	$9.69	N/A	N/A
80 + **	$17.19	N/A	N/A

$100,000 limit* *$20,000 limit*

OPTIONAL RIDER RATES

Enhanced AD&D Rider*	
Up to $100,000 additional coverage	$8 per month
Up to $200,000 additional coverage	$16 per month
Up to $300,000 additional coverage	$24 per month
Up to $400,000 additional coverage	$32 per month

**Available to the primary insured on individual plans only. Available with a minimum purchase of three months of medical and AD&D rider coverage. Premium is charged in whole-month increments.*

Evacuation Plus Rider*	
Premium per covered insured	$45 per month

** Available to the primary insured on individual plans only. Must be purchased for a minimum of three months regardless of the minimum number of days being traveled. Premium is charged in whole-month increments. The Evacuation Plus benefit comes standard on Platinum plans and is available on Patriot America, Patriot America Plus, and Patriot International as a rider.*

Chaperone/Faculty Leader Replacement Rider*	Adventure Sports Rider
10% increase of base premium	20% increase of base premium

**Available on group applications only*

www.imglobal.com

New premium rates per Insured Person are effective for purchases beginning May 1, 2019, for eligible individuals whose applications are approved by IMG. IMG reserves the right to assess the most current rates at the time of the effective date in the event these rates expire, are modified or are replaced.

CM00500657A190327

Patriot® Travel Series
Individual Application

Please print legibly and complete ALL SECTIONS *(front and back)* of this application. Mail, fax, or email application to:
International Medical Group, P.O. Box 88509, Indianapolis, IN 46208-0509, USA Fax: +1.317.655.4505 Email: insurance@imglobal.com

1 PRIMARY APPLICANT INFORMATION:

First Name:	Last Name:	Middle:
Government Issued ID Number:		Sex: ❑ Male ❑ Female
Country of Citizenship:	Country of Residence:	
Destination Country(ies):	Requested Effective Date: ___/___/____ *(MM/DD/YYYY)*	

2 FULFILLMENT AND INFORMATION DELIVERY METHOD:

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

❑ **For mail fulfillment kit purposes ONLY: Instead of receiving confirmation of coverage via email, 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? *(Determines applicable surplus lines tax and will not affect coverage)*		❑ Yes ❑ No

❑ **I AGREE TO THE PROCESSING OF MY PERSONAL INFORMATION TO PROVIDE THE SERVICES I HAVE PURCHASED, INCLUDING TO ADMINISTER CLAIMS, AND TO RECEIVE MEMBER COMMUNICATIONS, IN ACCORDANCE WITH IMG'S PRIVACY POLICY, FOUND AT IMGLOBAL.COM/LEGAL/PRIVACY-POLICY.**

❑ **I AGREE TO RECEIVE RELEVANT INFORMATION AND OTHER COMMUNICATIONS FROM IMG ABOUT INSURANCE COVERAGES AND SERVICE OPTIONS. I UNDERSTAND THAT I CAN WITHDRAW MY CONSENT AT ANY TIME.**

3 PLAN OPTION AND ADDITIONAL COVERAGE OPTIONS:

Select the coverage plan and maximum limit. Check one plan and one option.

Destination Includes the U.S.		**Destination Excludes the U.S.**	
❑ Patriot® America	❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000	❑ Patriot International®	❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000
❑ Patriot America® Plus	❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000	❑ Patriot International Platinum	❑ $2,000,000 ❑ $5,000,000 ❑ $8,000,000
❑ Patriot America Platinum	❑ $2,000,000 ❑ $5,000,000 ❑ $8,000,000		

4 PREMIUM CALCULATION:

Names of persons to be insured: *Please attach additional sheet for more children*		Date of Birth *(MM/DD/YYYY)*	Sex	Daily Rate	# of Days	Total
Applicant		___/___/____		_____ x	_____ =	_____
Spouse		___/___/____		_____ x	_____ =	_____
Child 1		___/___/____		_____ x	_____ =	_____
Child 2		___/___/____		_____ x	_____ =	_____
Child 3		___/___/____		_____ x	_____ =	_____
					TOTAL	**(A)**

5 DEDUCTIBLE OPTION:

CIRCLE ONE: Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 6 **(B)**	Deductible	$0	$100	$250	$500	$1,000	$2,500	$5,000*	$10,000*	$25,000*
	Rate Factor	1.25	1.10	1.00	.90	.80	.70	.60	.55	.45

**Available on Platinum plans only*

Beneficiaries
If applicants would like to designate a beneficiary, the beneficiary designation form can be accessed via www.imglobal.com/member.

APPLICATION FORM CONTINUED ON BACK

Patriot® Travel Series **Individual Application**

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

5 PLAN PREMIUM

BASE PLAN

(A) Daily premium total *(from Section 4)*	
(B) Deductible rate factor *(see Section 5)*	x
(C) Base premium	=

ADDITIONAL COVERAGE OPTIONS

(D) Adventure Sports Rider *(enter .20 if applicable)*	

Enhanced AD&D Rider

(Round up to the nearest whole month. Rider is only available with a minimum purchase of three months of a Patriot plan.)

_____ x _____ = _____

# of months | Rate | **(E)**

Evacuation Plus Rider

(Round up to the nearest whole month. Must be purchased for a minimum of three months regardless of the minimum number of days being traveled.)

_____ x _____ x $45.00 = _____

# of months | # of insureds | **(F)**

TOTAL PREMIUM

Enter the amount from **(C)**	
Enter the amount from **(D)** to the right of the **1.**	x **1.** =
Enter the amount from **(E)**	+
Enter the amount from **(F)**	+
Optional express mail $20	+
TOTAL AMOUNT DUE	=

IMG PRODUCER USE ONLY

Producer #: 516299

Name: Y. C. R. Contact SA

Address: 450 METERS NORTE DE BAC CREDOMATIC - CIPRESES DE CURRIDABAT

City: SAN JOSE | State: | Zip: 00000

Phone: 506-8878-4932

Email: info@yourcostaricacontact.com

7 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. **ACKNOWLEDGEMENT**. 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 as described in the Certificate of Insurance, which is incorporated by reference here and can be accessed at imglobal.com/sample-contracts, (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. 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:

8 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. This document should only be transmitted to IMG through secure means.

Card #:	Expiration Date: ___/___/___ *(MM/DD/YYYY)*	Cardholder Name:
Signature: (Required)	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		

Payment must be made for the total number of days you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

Patriot® Travel Series

Group Application *(For groups with two or more primary insureds)*

Please print legibly and complete ALL SECTIONS *(front and back)* of this application. Mail, fax, or email application to:
International Medical Group, P.O. Box 88509, Indianapolis, IN 46208-0509 USA Fax: +1.317.655.4505 Email: insurance@imglobal.com

(Attach additional sheets, if necessary)

1	Group Member's Name:		Date of Birth (MM/DD/YYYY)	Government Issued ID Number	Group Member's Effective Date (MM/DD/YYYY)	Group Member's Expiration Date (MM/DD/YYYY)	Group Member's Departure Date If Different Than Group (MM/DD/YYYY)	Daily Rate
	Country of Citizenship	Residence Country						
❑1								
❑2								
❑3								
❑4								
❑5								
Please check the box in front of the applicant's name to identify the chaperone/faculty leader ***(if the Chaperone Rider is selected)***							**Subtotal:**	**A**_____

❑ **I AM AN AUTHORIZED REPRESENTATIVE OF THE GROUP MEMBERS AND THE GROUP MEMBERS AGREE TO THE PROCESSING OF THEIR PERSONAL INFORMATION TO PROVIDE THE SERVICES THEY HAVE PURCHASED, INCLUDING TO ADMINISTER CLAIMS, AND TO RECEIVE MEMBER COMMUNICATIONS, IN ACCORDANCE WITH IMG'S PRIVACY POLICY.**

❑ **I AM AN AUTHORIZED REPRESENTATIVE OF THE GROUP MEMBERS AND THE GROUP MEMBERS AGREE TO RECEIVE RELEVANT INFORMATION AND OTHER COMMUNICATIONS FROM IMG ABOUT INSURANCE COVERAGES AND SERVICE OPTIONS. THE GROUP MEMBERS UNDERSTAND THAT THEY CAN WITHDRAW CONSENT AT ANY TIME.**

2 Premium:

_____ x _____ = _____
Subtotal **A** *(from above)* *# of Days* *Total* **B**

To pay in monthly installments *(please first calculate your total premium in section 5 of the application)*

_____ ÷ _____ = _____ + $10.00 = $_____ *(Minimum initial payment required)*
Total Premium Number of months Billing fee Periodic payment

3 Plan Options:

Select the coverage plan and maximum limit. Check one plan and one option:

Destination Includes the U.S.	
❑ Patriot® America	❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000
❑ Patriot America® Plus	❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000
❑ Patriot America Platinum	❑ $2,000,000 ❑ $5,000,000 ❑ $8,000,000
Destination Excludes the U.S.	
❑ Patriot International®	❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000
❑ Patriot International Platinum	❑ $2,000,000 ❑ $5,000,000 ❑ $8,000,000

4 Deductible option:

CIRCLE ONE: Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 5 **(B)**

Deductible	$0	$100	$250	$500	$1,000	$2,500	$5,000*	$10,000*	$25,000*
Rate Factor	1.25	1.10	1.00	.90	.80	.70	.60	.55	.45

**Available on Platinum plans only*

5 Plan Premium:

BASE PLAN	
(A) Daily premium total *(From Total B in Section 2)*	_____
(B) Deductible rate factor *(See Section 4)*	x_____
(C) Group discount factor *(Enter .90 if your group consists of at least 5 members)*	x_____
(D) Base Premium	=_____
ADDITIONAL COVERAGE OPTIONS	
Adventure Sports Rider *(enter .20 if applicable)*	_____
Chaperone Rider *(enter .10 if applicable)*	+_____
(E) Total Rider Factor(s)	=_____
TOTAL PREMIUM	
Enter the amount from **(D)**	_____
Enter the amount from **(E)** to the right of **1.**	x 1._____ =_____
$20 optional express mail	+_____
TOTAL AMOUNT DUE	=_____

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

6 Group Contact or Sponsoring Organization (if applicable):

Sponsoring Organization Name (if applicable):			
Mailing Address:	City:	State:	Postal Code:
Responsible Officer Contact Name:	Government Issued ID Number:		
Send confirmation of coverage and communications to the following email:			Phone Number:

❑ **Mail option: Instead of receiving confirmation of coverage via email, I prefer to receive a paper copy of the coverage verification letter and insurance contract to the following address:**

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

Requested Effective Date: ____/____/_____ *(MM/DD/YYYY)*	Earliest Date of Departure: ____/____/_____ *(MM/DD/YYYY)*
	Requested Expiration Date: ____/____/_____ *(MM/DD/YYYY)*

Purpose of Trip & Program:

7 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, Sponsor wishes 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, Sponsor represents and warrants that it 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, Sponsor agrees 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. This document should only be transmitted to IMG through secure means.

Card #:	Expiration Date: ____/____/_____ *(MM/DD/YYYY)*	Cardholder Name:
Signature: *(Required)*	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		

Payment must be made for the total number of days you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

Subscription. The undersigned on behalf of the Sponsor or Organization and the above individuals (collectively "applicants") represents and warrants it is the authorized agent of the applicants and hereby applies and subscribes, for and on behalf of each individual listed on the application form, 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 its 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(s) 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 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 the 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 three (3) years prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage as described in the Certificate of Insurance, which is incorporated by reference here and can be accessed at imglobal.com/sample-contracts, (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 them, 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 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 his/her authority and capacity to so act and to bind the applicants. 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 that applicant. **The applicants** represent and warrant that under the insurance offered to the applicants, participation in the program is completely voluntary; the sole functions of the Sponsor with respect to the insurance is, without endorsing the program, to permit the insurer to publicize the program to applicants, to collect premiums and to remit them to the insurer; and the Sponsor receives no consideration in the form of cash or otherwise in connection with the insurance. The Sponsor acknowledges it must and agrees it will disclose certain material, including reports, statements, notices, and other documents, to applicants, beneficiaries and other specified individuals including but not limited to furnishing certain material to all applicants covered under the insurance contract and beneficiaries receiving benefits under the insurance contract at stated times or if certain events occur; furnishing certain material to applicants and beneficiaries upon their request; and making certain material available to applicants and beneficiaries for inspection at reasonable times and places. The Sponsor represents and warrants it will use measures reasonably calculated to ensure actual, prompt receipt of the material by applicants, beneficiaries and other specified individuals. **Patient Protection and Affordable Care Act (PPACA).** Sponsor has informed all participants that they, and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. The applicants understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) Since 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, and penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so, (iii) 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) the applicants understand that it is solely their responsibility to determine if PPACA is 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. The Sponsor hereby arranges for insurance to be offered to the applicants, the applicants have voluntarily authorized this action in writing, and the applicants were also given the opportunity to make other arrangements to obtain insurance. These authorizations are kept on file by the Sponsor and will be made available to the Company upon request. **E-Consent.** The applicants wish to receive information and communicate electronically, and prefer to use email rather than regular mail. The applicants agree IMG, its affiliates, and subsidiaries may provide the recipient 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 the 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 Responsible Officer *X*_____	Date: ____/____/_____ *(MM/DD/YYYY)*

IMG Producer Use Only

Producer Number: 516299	Name: Y. C. R. Contact SA		
Email: info@yourcostaricacontact.com	Phone Number: 506-8878-4932		
Address: 450 METERS NORTE DE BAC CREDOMATIC - CIPRESES DE CURRIDABAT	City: SAN JOSE	State:	Postal Code: 00000