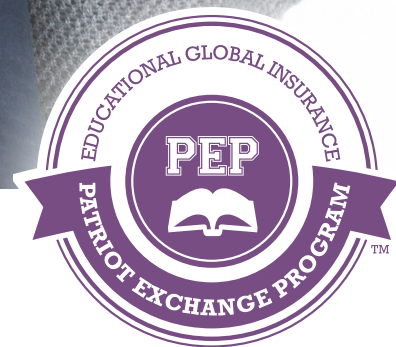


## PATRIOT EXCHANGE PROGRAM



MEDICAL INSURANCE FOR INDIVIDUALS AND GROUPS  
INVOLVED IN EDUCATIONAL OR CULTURAL EXCHANGE

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



Global Peace of Mind® 



# Hello. Hola. Hallo. Hej.

You can greet someone in a foreign country in many ways. When you travel, stay safe and secure by saying hello to Patriot Exchange Program<sup>SM</sup>, a one-of-a-kind international travel medical insurance plan that brings you Global Peace of Mind® when you're traveling abroad.

## Why Consider International Travel Medical Insurance?

Traveling abroad can be an exciting experience, especially when you're involved in an educational or cultural exchange program. But what would happen if you became ill or injured while away from home? Your experience can quickly turn frightening if you're not prepared for a medical emergency.

Whether your trip takes you abroad for a few weeks or a year, your cultural exchange experience should be an enjoyable one. 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 Patriot Exchange Program<sup>SM</sup> to provide you, your group, and your dependents traveling with you Coverage Without Boundaries®. The plan offers a complete package of international benefits available 24 hours a day. Simply select the plan option that best fits your needs.

## Patriot Exchange Program

The Patriot Exchange Program is designed to meet the U.S. visa insurance requirements for individuals and groups of five or more students studying abroad or participating in a cultural exchange program, including J1 and J2 visa holders. Coverage may be purchased for spouses and unmarried, dependent children traveling with the student/participant. Individuals and groups can select from different plan options - \$50,000, \$100,000, \$250,000, and \$500,000 maximum limit per illness/ Injury. The \$50,000 maximum limit per Illness/Injury option does not comply with J1 and J2 visa requirements. This program also offers three different areas of coverage, and an optional Add-On rider for high school sports, personal liability and legal assistance. In addition, groups may purchase annually renewable long term plans that have the flexibility to be tailored to meet specific needs of each program.

## How Does the Affordable Care Act (ACA) Affect My Coverage?

**Non-U.S. Citizens:** As non-resident aliens, international students, scholars, and people involved in cultural exchange programs on F, J, M and Q visas (and certain family members) are not subject to the individual mandate for their first five years in the U.S. All other J categories (teacher, trainee, work and travel, au pair, high school, etc.) are not subject to the individual mandate for two years (out of the past six). Since international students are not subject to the mandate, they are not required to purchase a plan that meets PPACA requirements and can purchase the Patriot Exchange Program.

**U.S. Citizens:** Under ACA, all U.S. citizens, nationals and resident aliens are required to purchase minimum essential coverage (ACA compliant coverage), unless they are exempt. Exempt U.S. citizens include U.S. citizens who reside outside of the U.S. for 330 of any 365-day period, or have a tax home (main place of work or employment, or if you don't have a main place of work or employment, your main residence) in a foreign country, and is a bona fide resident of a foreign country.

*Please note that this insurance is not subject to, and does not provide benefits required by, ACA. On January 1, 2014, ACA requires U.S. citizens, U.S. nationals and resident-aliens to obtain ACA compliant insurance coverage unless they are exempt from ACA (international students on F, J, M and Q visas (and certain family members of students) are not subject to the individual mandate for their first 5 years in the U.S. All other J categories - teacher, trainee, work and travel, au pair, high school, etc. - are not subject to the individual mandate for 2 years out of the past six). Penalties may be imposed on persons who are required to maintain ACA 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 ACA. Please note that it is solely your responsibility to determine if ACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required ACA compliant coverage. For information on whether ACA applies to you or whether you are eligible to purchase the Patriot Exchange Program, please see IMG's Frequently Asked Questions at [www.imglobal.com/en/client-resources/PPACA-FAQ.aspx](http://www.imglobal.com/en/client-resources/PPACA-FAQ.aspx).*

## 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. 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 service and support sets us apart. Since 1990, we've served millions of people around the globe - always focused on the specific needs of each individual and group. 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®.





## PEP Services



### MyIMG<sup>SM</sup>

MyIMG is a proprietary online service located at [myimg.imglobal.com](http://myimg.imglobal.com) that allows you to manage your IMG accounts, 24 hours a day, seven days a week, from anywhere in the world. Some features include:

- » Submission and management of claims
- » Access to Explanation of benefits (EOBs)
- » Initiate Precertification
- » Access Customer Care via Live Chat, email or telephone
- » Locate and recommend a provider/ facility
- » Obtain ID cards and other insurance documents

### Locating a Provider

You may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you have access to the Preferred Provider Organizations (PPO), which are separately organized networks of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. You can quickly search the network through MyIMG. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider Access<sup>SM</sup> (IPA), a database of over 17,000 providers.

### Universal Rx Pharmacy Discount Savings

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

### Akeso Care Management® (AkesoCare<sup>SM</sup>)

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 AkesoCare, a URAC accredited, on-site specialized division devoted entirely to medical management. AkesoCare's clinical members are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner.



**ACCREDITED**  
Health Utilization  
Management  
Expires 05/01/2019

From routine medical care to complex case management, from check-ups to emergency medical evacuations, AkesoCare is there for you. They are committed to patient protection and empowerment, quality operations and provider compliance. This translates into better care for you - around the world, around the clock.



# PEP Summary of Benefits (Individual and Group)



Plan Maximum	Choice of \$50,000, \$100,000, \$250,000 or \$500,000 per illness or injury Lifetime maximum of \$5,000,000
Deductible	\$100 per illness or injury
Coinsurance	No coinsurance
Treatment Period Maximum	60 days for chronic conditions

INPATIENT/OUTPATIENT BENEFITS	
Hospital Room and Board	Up to the average semi-private room rate
Intensive Care Unit	URC*
Physical Therapy	URC* - 1 visit per day
Physician Visit	URC* - 1 visit per day
Student Health Center	\$5 co-pay per visit. Not subject to deductible
Prescription Drugs	URC*
Eligible Medical Expenses	URC*
Emergency Room visit with In-patient Admission	URC*
Emergency Room visit without In-patient Admission	Additional \$250 deductible
Dental	Injury due to covered Accident- \$500 maximum per Accident Sudden & Unexpected Pain to natural teeth- \$350 maximum

EVACUATION BENEFITS	
Emergency Medical Evacuation	\$50,000 lifetime maximum
Emergency Reunion	\$15,000 lifetime maximum
Return of Mortal Remains or Cremation/Burial	\$25,000 maximum for Return of Mortal Remains or \$5,000 maximum for Cremation/Burial
Political Evacuation and Repatriation	\$10,000 lifetime maximum

ADDITIONAL BENEFITS	
Accidental Death & Dismemberment	\$25,000 Principal Sum (\$25,000 two limbs; \$12,500 one limb)
Terrorism	\$50,000 lifetime maximum
Sudden & Unexpected Recurrence of a Pre-existing Condition (U.S. Citizens plan only):	Eligible Medical Expenses: \$5,000 lifetime maximum Emergency Medical Evacuation: \$25,000 maximum
Pre-existing Conditions	For conditions existing within 36 months before effective date, charges excluded until after 12 months of coverage and then \$500 maximum per period of coverage and \$50,000 lifetime maximum
Incidental Trip Coverage	Up to a cumulative 14 days

OPTIONAL ADD-ON RIDER	
Lost Personal Property	\$250 maximum
Legal Assistance	\$500 maximum
Personal Liability - Injury to third party Personal Liability - Damage to third party's property	\$2,000 maximum after \$100 deductible \$500 maximum after \$100 deductible.
High School Sports	URC*

Groups may also purchase a customizable long-term plan. Any coverages, benefits and premium rates offered are in U.S. Dollars.

\*Usual, Reasonable and Customary (URC) charges.

# PEP Rates - Individual Monthly Premiums



NON-U.S. CITIZENS - WHILE OUTSIDE COUNTRY OF RESIDENCE				
Age	Maximum Limit per Illness/Injury			
	\$50,000	\$100,000	\$250,000	\$500,000
31 days -24	\$48.62 \$51.05 w/ Add-On	\$56.45 \$59.25 w/ Add-On	\$60.36 \$63.37 w/ Add-On	\$63.66 \$66.84 w/ Add-On
25 - 49	\$63.37 \$66.53 w/ Add-On	\$73.50 \$77.15 w/ Add-On	\$78.59 \$82.52 w/ Add-On	\$82.90 \$87.04 w/ Add-On
50-64	\$135.70 \$142.49 w/ Add-On	\$157.35 \$165.20 w/ Add-On	\$168.27 \$176.68 w/ Add-On	\$177.53 \$186.41 w/ Add-On

U.S. CITIZENS - WHILE OUTSIDE THE U.S.				
Age	Maximum Limit per Illness/Injury			
	\$50,000	\$100,000	\$250,000	\$500,000
31 days -24	\$34.46 \$36.18 w/ Add-On	\$40.08 \$42.07 w/ Add-On	\$42.72 \$44.85 w/ Add-On	\$45.08 \$47.33 w/ Add-On
25 - 49	\$39.88 \$41.88 w/ Add-On	\$46.50 \$48.82 w/ Add-On	\$49.44 \$51.91 w/ Add-On	\$52.16 \$54.76 w/ Add-On
50-64	\$103.43 \$108.60 w/ Add-On	\$111.72 \$117.29 w/ Add-On	\$128.27 \$134.68 w/ Add-On	\$135.35 \$142.11 w/ Add-On

NON-U.S. CITIZENS - EUROPE ONLY				
Age	Maximum Limit per Illness/Injury			
	\$50,000	\$100,000	\$250,000	\$500,000
31 days -24	\$28.62 \$30.05 w/ Add-On	\$33.31 \$34.96 w/ Add-On	\$35.52 \$37.29 w/ Add-On	\$37.47 \$39.34 w/ Add-On
25 - 49	\$33.10 \$34.75 w/ Add-On	\$38.40 \$40.32 w/ Add-On	\$41.06 \$43.12 w/ Add-On	\$43.31 \$45.47 w/ Add-On
50-64	\$85.85 \$90.14 w/ Add-On	\$92.84 \$97.47 w/ Add-On	\$106.44 \$111.76 w/ Add-On	\$112.29 \$117.90 w/ Add-On

New premium rates per Insured Person effective June 1, 2016 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. Rates include premium tax where applicable.



Groups may also purchase a customizable long-term plan, for rates please contact your insurance producer or IMG.  
U.S. J Visa participants must select \$100,000 maximum limit or higher to satisfy the J Visa insurance requirements.



# PEP Rates - Group Monthly Premiums



NON-U.S. CITIZENS - WHILE OUTSIDE COUNTRY OF RESIDENCE				
Age	Maximum Limit per Illness/Injury			
	\$50,000	\$100,000	\$250,000	\$500,000
31 days -24	\$43.78 \$45.97 w/ Add-On	\$50.80 \$53.35 w/ Add-On	\$54.34 \$57.06 w/ Add-On	\$57.29 \$60.15 w/ Add-On
25 - 49	\$57.05 \$59.91 w/ Add-On	\$66.15 \$69.45 w/ Add-On	\$70.74 \$74.28 w/ Add-On	\$74.60 \$78.35 w/ Add-On
50-64	\$122.13 \$128.24 w/ Add-On	\$141.60 \$148.70 w/ Add-On	\$151.45 \$159.03 w/ Add-On	\$159.77 \$167.76 w/ Add-On

U.S. CITIZENS - WHILE OUTSIDE THE U.S.				
Age	Maximum Limit per Illness/Injury			
	\$50,000	\$100,000	\$250,000	\$500,000
31 days -24	\$31.03 \$32.59 w/ Add-On	\$36.07 \$37.88 w/ Add-On	\$38.47 \$40.39 w/ Add-On	\$40.59 \$42.62 w/ Add-On
25 - 49	\$35.87 \$37.67 w/ Add-On	\$41.85 \$43.95 w/ Add-On	\$44.49 \$46.71 w/ Add-On	\$46.96 \$49.31 w/ Add-On
50-64	\$92.98 \$97.63 w/ Add-On	\$100.54 \$105.58 w/ Add-On	\$115.46 \$121.24 w/ Add-On	\$121.84 \$127.93 w/ Add-On

Non-U.S. Citizens - Europe Only				
Age	Maximum Limit per Illness/Injury			
	\$50,000	\$100,000	\$250,000	\$500,000
31 days -24	\$25.78 \$27.07 w/ Add-On	\$29.97 \$31.48 w/ Add-On	\$31.98 \$33.58 w/ Add-On	\$33.75 \$35.44 w/ Add-On
25 - 49	\$29.80 \$31.28 w/ Add-On	\$34.56 \$36.29 w/ Add-On	\$36.93 \$38.78 w/ Add-On	\$39 \$40.95 w/ Add-On
50-64	\$77.29 \$81.15 w/ Add-On	\$83.54 \$87.73 w/ Add-On	\$95.82 \$100.61 w/ Add-On	\$101.06 \$106.11 w/ Add-On

New premium rates per Insured Person effective June 1, 2016 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. Rates include premium tax where applicable.



Groups may also purchase a customizable long-term plan, for rates please contact your insurance producer or IMG.  
U.S. J Visa participants must select \$100,000 maximum limit or higher to satisfy the J Visa insurance requirements.



# PEP Plan Information



## Conditions of Coverage:

**1)** Coverage and benefits are subject to the deductible, limits and coinsurance, and all terms of the Certificate of Insurance and Master Policy. **2)** Coverage under a Patriot Exchange Program plan is secondary to any other coverage. **3)** Coverage and benefits are for eligible medical expenses which are medically necessary and usual, reasonable and customary. **4)** Charges must be administered or ordered by a licensed physician. **5)** Charges must be incurred during the Period of Coverage. **6)** Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

## Eligibility:

To be eligible to apply to the Patriot Exchange Program plan, you must » Be an active participant in a study or exchange program (i.e. student visa, exchange visa, visitor visa), the spouse of the participant, or a dependent traveling with the participant » Reside outside the country of residence for the purpose of pursuing international educational activities for a temporary period of time » Be physically and legally residing in host country with the intent to reside there for at least 30 days on the effective date and at renewal » Not be hospitalized, disabled, or HIV+ on the initial effective date.

## Renewal of Coverage:

Eligible insureds can request coverage under the plan be renewed monthly for up to 12 month periods, for a maximum of 48 continuous months, as long as the premium is paid when due and the insured continues to meet the eligibility requirements of the plan.

## Enrollment Process:

Before you begin your travel, simply apply online or fill out the Application and calculate the estimated premium for the time period you, your group, and/or your dependents will be traveling. Once you have completed the Application, return it to your insurance agent and/or IMG.

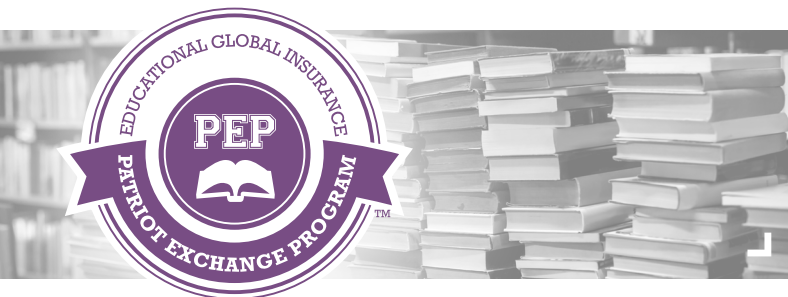
Eligible individuals listed on the Application and for whom premiums have been paid will be covered from the latest of the following dates:

1. The date IMG approves your completed Application and receives the appropriate premium
2. The date you depart from your home country
3. The date requested on your Application

## Fulfillment Kits:

IMG processes applications in a quick, timely manner. Once processing is complete, IMG will mail and/or email the fulfillment kit(s) to the address/email listed in the Application. The fulfillment kit(s) will include an IMG Identification Card(s), and the insurance certificate providing a complete description of the rights and benefits under the contract. For your convenience, you will get emailed this information and may also access it from the IMG website.

If you do not choose Online Fulfillment, IMG will mail your fulfillment materials. This may cause delays. We recommend online fulfillment for immediate access to your coverage information.





# PEP Optional Riders



## ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on the Patriot Exchange Program for individuals and groups, and their dependents, up to the age of 65. Certain activities designated as adventure sports can be covered up to the maximums listed below. Certain activities are never covered, regardless of whether or not you purchase the Adventure Sports Rider. For a list of all the activities which can be considered to be adventure sports, a sample rider can be provided upon request.

## CHAPERONE / FACULTY LEADER TRIP INTERRUPTION RIDER:

Groups may request the Chaperone/Faculty Leader Trip Interruption Rider which offers up to \$3,000 in benefits. In the event of the original chaperone/leader's hospitalization, a relative's unexpected death, or travel plans must be cancelled as a result of a break-in or destruction due to forces of nature at his/her residence, the subsequent chaperone/faculty leader can be reimbursed for the certain transportation costs to join the group.

AGE	LIFETIME MAXIMUM
31 days - 49	\$50,000
50 - 59	\$30,000
60 - 64	\$15,000





## Precertification:

Certain treatment and supplies including hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording 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 admittance to a hospital before receiving certain treatments and supplies, or performance of a surgery. In case of an Emergency Admission, the Precertification 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 guaranty of payment. All medical expenses eligible for reimbursement must be medically necessary and will be paid or reimbursed at usual, reasonable, customary rates. Please refer to the Certificate Wording for full details of the Precertification requirements.

**For Precertification, emergency evacuation and repatriation, 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:** You may begin the Precertification process through MyIMG or the Client Resources section of [www.imglobal.com](http://www.imglobal.com). Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically. Once we have received all required information and medical records, our utilization management and review team will review the information provided and normally responds to the insured person or the provider within 2 business days. Please note that this online service will only initiate the process for treatment and supplies outlined in the contract, and it should not be used to request pre-certification for emergency admissions, procedures, or evacuations.

## Claims Payment:

All benefits payable under Patriot Exchange Program are subject to the terms and conditions in the Certificate of Insurance. To make claim processing efficient, claims for eligible medical expenses 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 form can be submitted online at [myimg.imglobal.com](http://myimg.imglobal.com),** or emailed to [insurance@imglobal.com](mailto:insurance@imglobal.com), or mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate of Insurance are included in the fulfillment kit. IMG may also be contacted by fax at 1.317.655.4505.



# Patriot Exchange Program - Individual Application

1. Complete all sections and sign the application. *(Please print)*
2. If paying by check or money order, please make payable to IMG and enclose in envelope with signed application.
3. Mail, fax or email completed application to:

**International Medical Group, Inc.**  
P.O. Box 88509  
Indianapolis, Indiana  
46208-0509 USA  
**Fax:** 1.317.655.4505  
**Email:** insurance@imglobal.com

**Primary applicant's name:** Mr. / Mrs. / Ms. **Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_  
**Country of citizenship:** \_\_\_\_\_ **Country of residence:** \_\_\_\_\_  
**Destination country:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
☐ Male ☐ Female

Are you participating in a Work & Travel program? ☐ Yes ☐ No If yes, Program Name: \_\_\_\_\_

Is the applicant a J2 visa holder? ☐ Yes ☐ No

*(If Yes, applicant is only eligible to apply if the J1 visa holder is insured under a plan through his or her education or cultural program.)*

Send Confirmation of Coverage and communications to the following:

**Email:** \_\_\_\_\_

☐ **Regular mail option:** I do not mind the delays associated with receiving the initial communication via regular mail and prefer to also receive a paper copy of the coverage verification letter and insurance contract to the mailing address listed.

If mailing address above is in Florida, is the applicant currently located in Florida? ☐ Yes ☐ No

*(Determines applicable surplus lines tax and will not affect coverage.)*

**Requested effective date of coverage:** \_\_\_\_\_ **Government issued ID number:** \_\_\_\_\_

## Beneficiary:

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship: \_\_\_\_\_

## 1. Select the area of coverage

- ☐ **Non-U.S. citizens - Worldwide coverage except country of residence**
- ☐ **U.S. citizens - Worldwide coverage except U.S.**
- ☐ **Non-U.S. citizens - Travel to Europe only**

## 2. Select the plan option (maximum limit per illness/injury)

- ☐ **\$50,000** ☐ **\$250,000**
- ☐ **\$100,000** ☐ **\$500,000**

☐ **Check here if you would like the optional Add-On plan**

## 3. Names of individuals applying for coverage:

Insured name(s)	Date of birth	Monthly premium rate/ premium with Optional Add-On plan
Primary applicant: _____	_____	_____
Spouse: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____

Subtotal A

## 4. Premium calculation

Subtotal A \_\_\_\_\_  
# of months \_\_\_\_\_ x \_\_\_\_\_  
Estimated monthly premium \_\_\_\_\_ = \_\_\_\_\_  
Adventure Sports rider  
(multiply by 1.20 if requested) \_\_\_\_\_ x \_\_\_\_\_  
Estimated premium \_\_\_\_\_ = \_\_\_\_\_  
Express mail  
(add \$20 if requested) \_\_\_\_\_ + \_\_\_\_\_  
**TOTAL AMOUNT DUE =** \_\_\_\_\_

## IMG PRODUCER USE ONLY

Producer#: **531841** \_\_\_\_\_  
Name: **VISITORS GURU** \_\_\_\_\_  
Address: **2140 PERALTA BOULEVARD, SUITE 108** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: **1-833-289-4878** \_\_\_\_\_  
Email: **support@visitorsguru.com** \_\_\_\_\_



**Payment method:** ☐ Check (To IMG) ☐ Money Order (To IMG) ☐ Wire

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover ☐ JCB

eCheck (ACH) available online or 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. 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.

Card#: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Cardholder phone & email: \_\_\_\_\_

Cardholder billing address: \_\_\_\_\_

**1. 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 Exchange Program 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). 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 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 this insurance will be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the Certificate of Insurance.

**2. Acknowledgment** I (we) understand and agree that: (i) the insurance producer/agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred 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 insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

**3. Authorization For Release Of Information** I (we) 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 me or on my behalf, has any records or knowledge of my health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to disclose my entire medical record, file, history, medications, and any other information concerning me and to give any and all such information to my agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries.

**4. Certification** I (we) hereby certify, represent and warrant that: (i) I (we) 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 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 the legal representative 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.

**5. 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 requires U.S. citizens, U.S. nationals and resident-alien to obtain PPACA compliant insurance coverage unless they are exempt from PPACA (international students on F, J, M and Q visas, and certain family members of students, are not subject to the individual mandate for their first 5 years in the U.S. All other J categories - teacher, trainee, work and travel, au pair, high school, etc. - are not subject to the individual mandate for 2 years out of the past six), (iii) penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so, and (iv) 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 your responsibility to determine if PPACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required PPACA compliant coverage.

**6. Certification** I (we) hereby certify, represent, and warrant 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 amount due, coverage will begin at 12:01 a.m. on the day after this completed application is received and approved. I (we) understand that if premium is returned unpaid for any reason, coverage becomes null and void. I (we) acknowledge and understand that if not completely satisfied after receiving the insurance contract, the insured person may request cancellation of the insurance retroactive to the effective date by sending a written request to the Company within the review period outlined in the insurance contract, and thereby receive a refund of premium paid. I (we) wish to receive information and communicate electronically, and prefer to use my (our) email address rather than regular mail. I (we) agree IMG may provide me (us) with any communications in electronic format, and IMG is not required to send paper communications to me (us), unless and until I (we) withdraw this consent. I (we) also agree it is my (our) responsibility to provide IMG with true, accurate and complete email address, contact, and other information related to my (our) coverage, and to maintain and promptly update any changes in this information.

**Signature of Primary Applicant or Legal Representative (Required)**

Date: \_\_\_\_\_





# Patriot Exchange Program - Group Application *(For groups of five or more)*

## To Enroll -

1. Complete all sections and sign application
2. If paying by check or money order, please make payable to IMG and enclose in envelope with signed application
3. Mail, fax or email to: International Medical Group, Inc., P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax 1.317.655.4505 Email: insurance@imglobal.com

1.	Participants applying for coverage	Country of Citizenship & Country of Residence	Date of Birth	Government Issued ID Number	Participant's requested Effective date, EXpiration date and/or DEparture date, if different than group	Monthly premium rate/ monthly Add-On rate
<input type="checkbox"/> 1	Applicant Name & Email:  Spouse:  Child:  Child:	CC: CR:			EF: EX: DE:	
<input type="checkbox"/> 2	Applicant Name & Email:  Spouse:  Child:  Child:	CC: CR:			EF: EX: DE:	
<input type="checkbox"/> 3	Applicant Name & Email:  Spouse:  Child:  Child:	CC: CR:			EF: EX: DE:	
<input type="checkbox"/> 4	Applicant Name & Email:  Spouse:  Child:  Child:	CC: CR:			EF: EX: DE:	
<input type="checkbox"/> 5	Applicant Name & Email:  Spouse:  Child:  Child:	CC: CR:			EF: EX: DE:	

(Attach additional sheets if necessary)

- ▲ Check the box in front of the applicant who will be the Chaperone/Program Leader (if the Chaperone rider is selected)

**Please note:** If the applicant is a J2 visa holder, he/she is only eligible for this plan if the J1 visa holder is insured under a plan through his or her program.

**SUBTOTAL A:** \_\_\_\_\_

2.	Subtotal A	X	# of months	=	Total (A)
----	------------	---	-------------	---	-----------

### Select the area of coverage

- ☐ Non-U.S. citizens - Worldwide coverage except home country
- ☐ U.S. citizens - Worldwide coverage except U.S.
- ☐ Non-U.S. citizens - Travel to Europe only

### Select the plan option (maximum limit per illness/injury)

- ☐ \$50,000      ☐ \$250,000
- ☐ \$100,000      ☐ \$500,000
- ☐ Check here if group would like the Optional Add-On plan (if this option is desired, enter the monthly Optional Add-On rate in Section 1)

### 3. Optional coverages (if applicable)

Chaperone rider  
enter .10 here \_\_\_\_\_

Adventure Sports rider  
enter .20 here + \_\_\_\_\_

(B) Total rider = \_\_\_\_\_  
premium factor (B)  
Enter this amount to the right of the 1. in section 4

### 4. Premium calculation

_____ x 1.	
(A) Amount from section 2 (A)	(B) Enter the amount from section 3 (B)
=	+
<b>Total premium</b>	<b>\$20 express mail if requested</b>
	<b>TOTAL AMOUNT DUE</b>

### IMG PRODUCER USE ONLY

Producer#: 531841  
Name: VISITORS GURU  
Address: 2140 PERALTA BOULEVARD, SUITE 108  
  
City, State, Zip: \_\_\_\_\_  
Phone: 1-833-289-4878  
Email: support@visitorsguru.com

**Note:** If participants within the group would like to designate a beneficiary, please use the Beneficiary Designation form.

Sponsor or organization: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Government issued ID number: \_\_\_\_\_  
Authorized representative name: \_\_\_\_\_  
Send Confirmation of Coverage and communications to the following email: \_\_\_\_\_

If the address above is in Florida, is the group currently located in Florida?

(Determines applicable surplus lines tax and will not affect coverage)

☐ Yes ☐ No

☐ **Mail option:** I do not mind the delays associated with receiving the initial communication via regular mail and prefer to also receive a paper copy of the coverage verification letter and insurance contract

**Requested effective date:** \_\_\_\_\_

**Earliest date of departure:** \_\_\_\_\_

**Requested expiration date:** \_\_\_\_\_

**Purpose of trip & program:** \_\_\_\_\_

**Destinations:** \_\_\_\_\_

**Payment method:** ☐ Check (To IMG) ☐ Wire ☐ Money Order (To IMG) ☐ JCB  
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover  
eCheck (ACH) available online 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 has read and agrees to all terms, conditions, and other statements in this application. 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.*

**Card#:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Cardholder name:** \_\_\_\_\_

**Authorized signature :** \_\_\_\_\_

**Cardholder's phone & email:** \_\_\_\_\_

**Cardholder's billing address:** \_\_\_\_\_

**1. Subscription.** The Sponsor or Organization (also a "Sponsor") represents and warrants it is the authorized agent of the participants and hereby applies and subscribes, for and on behalf of participants 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 Patriot Group Exchange Program 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 agent and plan administrator, International Medical Group, Inc. (IMG). The Sponsor on behalf of itself and the participants understands and agrees: (i) the insurance applied for is not general health insurance, but is intended for the participants' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) coverage is not renewable, (iii) the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, (iv) 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 (v) by submission of this application and/or any future claim for benefits, the Sponsor on behalf of itself and the participants purposefully initiates and takes advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator and 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 this insurance will be in Marion County, Indiana, for which the Sponsor on behalf of itself and the participants hereby expressly consents. Indiana surplus lines law shall govern all rights and claims raised under the Certificate of Insurance.

**2. Acknowledgment.** The Sponsor on behalf of itself and the participants understands and agrees that: (i) the insurance producer/agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the applicants, (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions

will be excluded from coverage under the insurance, (iii) the subjects of insurance applied for are not intended or considered by the Sponsor, the participants, the Company or IMG to be resident, located, or to be performed in any particular state of the United States, 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.

**3. Authorization for Release of Information.** The Sponsor on behalf of each participant authorizes 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 the participant or on the participant's behalf, has any records or knowledge of the participant's health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of the participant, and any non-medical information about the participant, to disclose the participant's entire medical record, file, history, medications, and any other information concerning the participant and to give any and all such information to the participant's agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries.

**4. Certification.** The Sponsor on behalf of itself and the participants hereby certifies, represents and warrants that 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, and they understand the foregoing statements, and that each participant listed: (i) is eligible to participate in the insurance program applied for, and (ii) is currently in good health and has not been diagnosed with, sought consultation or been treated for, and has not experienced manifestation or symptoms of and does not suffer from any pre-existing or other medical condition which he/she foresees may require treatment during this insurance or for which he/she intends to claim under this insurance. As the legal representative of the Sponsor and each participant, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such participants. By acceptance of coverage and/or submission of any claim for benefits, each participant ratifies and affirms the authority of the signer and Sponsor to so act and bind the participant.

**5. The Sponsor represents and warrants** that under the insurance offered to the participants, 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 participants, 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 participants, beneficiaries and other specified individuals including but not limited to furnishing certain material to all participants 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 participants and beneficiaries upon their request; and making certain material available to participants 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 participants, beneficiaries and other specified individuals.

**6. 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 Sponsor on behalf of itself and the participants 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 requires U.S. citizens, U.S. nationals and resident-alien to obtain PPACA compliant insurance coverage unless they are exempt from PPACA (*international students on F, J, M and Q visas, and certain family members of students, are not subject to the individual mandate for their first 5 years in the U.S. All other J categories - teacher, trainee, work and travel, au pair, high school, etc. - are not subject to the individual mandate for 2 years out of the past six*), (iii) penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so, and (iv) 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 your responsibility to determine if PPACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required PPACA compliant coverage.

The Sponsor hereby arranges for insurance to be offered to the participants, the participants have voluntarily authorized this action in writing, and the participants 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.

**7. The Sponsor on behalf of itself and the participants** hereby certifies, represents, and warrants that they have read, or have had read to them, all statements on this application. The Sponsor on behalf of itself and the participants represents 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. The Sponsor on behalf of itself and the participants understands and agrees that subject to acceptance of this application and payment of the total amount due, coverage will begin at 12:01 a.m. on the day after this completed application is received and approved. The Sponsor on behalf of itself and the participants understands that if premium is returned unpaid for any reason, coverage becomes null and void. The Sponsor on behalf of itself and the participants acknowledges and understands that if not completely satisfied after receiving the insurance contract, the insured person may request cancellation of the insurance retroactive to the effective date by sending a written request to the Company within the review period outlined in the insurance contract, and thereby receive a refund of premium paid. The Sponsor on behalf of itself and the participants wishes to receive information and communicate electronically, and prefers to use email rather than regular mail. The Sponsor on behalf of itself and the participants agrees IMG may provide the recipient with any communications in electronic format, and IMG is not required to send paper communications, unless and until the participant withdraws this consent. The Sponsor on behalf of itself and the participants also agrees it is the participant's responsibility to provide IMG with true, accurate and complete email address, contact, and other information related to the coverage, and to maintain and promptly update any changes in this information.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**





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](mailto:insurance@imglobal.com)  
[www.imglobal.com](http://www.imglobal.com)

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Coverage is underwritten and issued by Sirius International Insurance Corporation, rated A (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing).

*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. The contract does contain a pre-existing condition exclusion and does not cover losses or expenses related to a pre-existing condition.*

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# PATRIOT EXCHANGE PROGRAM



## IMG PRODUCER USE ONLY

VISITORS GURU  
2140 PERALTA BOULEVARD, SUITE 108  
FREMONT, CA 94536  
Phone: 1-833-289-4878  
Fax: 510-679-2475  
support@visitorsguru.com  
<http://www.visitorsguru.com>

[www.imglobal.com](http://www.imglobal.com) | 1.800.628.4664



*This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the insurance contract. Benefits are subject to*

*all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the insurance contract.*

*Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.*

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