



INTERNATIONAL MEDICAL GROUP<sup>SM</sup>

**Plan Administrator**

International Medical Group<sup>SM</sup>, Inc.  
407 Fulton Street  
Indianapolis, IN 46202-3684 USA  
For marketing questions, please call 866.368.3724  
For all other inquiries, please call 800.628.4664 or  
317.655.4500  
Fax: 317.655.4505  
Email: insurance@imglobal.com  
www.imglobal.com

**SIRIUS**  
INTERNATIONAL



**Plan Underwriter**

This Patriot Executive<sup>SM</sup> plan is underwritten by Sirius International Insurance Corporation (publ), a wholly owned subsidiary of ABB Financial Services within the ABB Group. Sirius International is rated A+ (superior) by A.M. Best (at the time of printing).

**CONTACT INFORMATION**

**Agent Contact Information:**



INTERNATIONAL MEDICAL GROUP<sup>SM</sup>

# Patriot Executive<sup>SM</sup>

Medical Insurance for Traveling Executives



## The uncertainties of travel

As an executive who travels outside of the United States or Canada throughout the year, you have plenty of responsibilities. You don't want to think about your medical coverage while you're abroad. But what would happen if you became ill or injured during your trip?

Most executives assume they will be covered by their standard medical plan. The truth is, while traditional plans offer adequate domestic coverage, they may not be designed for international travel.

International Medical Group<sup>SM</sup> is here to help you plan today for tomorrow's uncertainties. We offer Patriot Executive<sup>SM</sup>, a complete assistance package of international benefits and 24 hour availability. With Patriot Executive, you purchase coverage for a period of one year and select a maximum trip duration of either 15 days or 30 days on your enrollment form. You are then covered during that year, in accordance with the terms of the plan, for the selected trip duration of each trip you take outside of the United States or Canada beginning on the date of departure for each trip.

## The experienced plan administrator

Since 1990, International Medical Group (IMG<sup>SM</sup>) has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides coverage services to individuals and families in more than 150 countries.

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claim administrators, on-site medical staff and customer service professionals work together to give you true Global Peace of Mind<sup>SM</sup>. IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. You can rest assured that IMG will be there for you whether it be for routine treatment or during a medical emergency.



IMG World Headquarters  
Indianapolis, Indiana

0302 Updated 3/02

## INTERNATIONAL EMERGENCY CARE

**Emergency Evacuation** | To US\$25,000 for pre-existing conditions; to US\$50,000 for covered incidents

The Patriot Executive plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility or the country of residence (as determined by IMG); expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the country of citizenship or the country where the evacuation occurred up to the policy limit. The plan pays up to US\$25,000 for evacuations resulting from a pre-existing condition and up to US\$50,000 for evacuations resulting from other covered incidents, when coordinated through IMG.

**Emergency Reunion** | To US\$15,000 when coordinated through IMG

The Patriot Executive plan also provides emergency reunion coverage, up to US\$15,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the country of residence to be reunited with the insured.

**Repatriation** | To US\$25,000 when coordinated through IMG

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the country of citizenship will be covered up to a maximum of US\$25,000.

**Returning Minor Children** | To US\$5,000 when coordinated through IMG

If an insured person is hospitalized due to a covered illness/injury and is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Patriot Executive plan will pay up to US\$5,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

## SPECIAL COVERAGES

**Trip Cancellation** | To US\$5,000

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, the Patriot Executive plan will pay up to US\$5,000 to return the insured to the area of principal residence. The plan will pay for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

## TABLE OF BENEFITS - THIS PLAN INCLUDES THE FOLLOWING BENEFITS:

### SPECIAL COVERAGES *(continued)*

**Lost Luggage** | To US\$50 per item; maximum of US\$250

This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

**Common Carrier Accidental Death** | US\$50,000 to Beneficiary; maximum of US\$250,000 per family

If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family. (\*See asterisk below)

### MEDICAL BENEFITS usual, reasonable and customary charges, subject to deductible

**Hospital Room and Board** | To Policy Maximum for average semi-private room rate

**Intensive Care** | To Policy Maximum

**Medical Expenses** | To Policy Maximum

**Outpatient Medical** | To Policy Maximum

**Local Ambulance** | To Policy Maximum

**Pre-existing Conditions** | To US\$5,000 per period of coverage

The plan will cover up to US\$5,000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of a pre-existing condition, as defined in the policy wording.

**Dental** | To Policy Maximum

The Patriot Executive plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident.

*\*No more than US\$50,000 dollars per individual will be paid to a beneficiary in the event of any death that occurs while covered by the Patriot Executive plan.*

**To enroll in the Patriot Executive plan, please see the application form on the reverse side of this brochure.**

### MEDICAL BENEFITS *(continued)*

**Sports & Activities Coverage** | To Policy Maximum for basic sports as described below

The Patriot Executive plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by an insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: Scuba diving, mountain climbing (up to 4500 meters or where ropes or guides are normally used), jet, snow and water skiing and snowboarding, sky diving, amateur racing, piloting an aircraft, bungee jumping and spelunking.

**Accidental Death & Dismemberment** | US\$25,000 principal sum

The Patriot Executive plan includes US\$25,000 principal sum benefit for Accidental Death and Dismemberment occurring during the period of coverage: • Accidental Loss of life - principal sum\* • Accidental Loss of life which occurred during a hijacking, kidnapping or attempted kidnapping - two times the principal sum\* • Accidental Loss of two Members - principal sum • Accidental Loss of one Member - 50% of principal sum. "Member" means hand, foot or eye. For more information see the Conditions of Coverage section on panel 6.

\*See asterisk on panel 3

### BASIC PLAN INFORMATION

**Deductible** | US\$250 per each illness; deductible waived for claims incurred as a result of a covered accident

**Coinsurance** | None

**Policy Maximum** | US\$1,000,000

**Benefit Period** | Six months

If a covered injury or illness requires continuing treatment after the expiration of the period of coverage, the Benefit Period may provide continued coverage. When the certificate of insurance expires, IMG will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the expiration date, benefits for the covered injury or illness will continue subject to the Policy Limits until there has been six months of coverage for that particular claim. The Benefit Period serves as an extension of benefits and does not limit the treatment time during the period of coverage.

## EXCLUSIONS

Charges for the following services, treatments and/or conditions are excluded from coverage under the Patriot Executive plan.

1. Treatment for pre-existing conditions in excess of US\$5000, per insured person, per period of coverage (not per trip). A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that existed at the time of application or at any time prior thereto, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, political insurrection, protest, or any act thereof.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as provided for herein.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Injury sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: Scuba diving, mountain climbing (up to 4500 meters or where ropes or guides are normally used), jet, snow and water skiing and snowboarding, skydiving, amateur racing, piloting an aircraft, bungee jumping and spelunking.
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from or sustained while under the influence of or disablement of drugs or alcohol.
15. Willful self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered hereunder.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Treatment for mental and nervous disorders.
19. Organ or tissue transplants or related services.
20. Treatment for Illness or Injury where the trip is undertaken for the purpose of obtaining such treatment or advice for a pre-existing condition.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).
22. Treatment in the United States of America, except for U.S. citizens during the Benefit Period, as applicable.

***This brochure contains only a consolidated and summary description of all current Patriot Executive<sup>SM</sup> benefits, conditions, limitations and exclusions. A certificate containing the complete Policy Wording with all terms, conditions and exclusions will be included with the fulfillment kit. IMG reserves the right to issue the most current Policy Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Policy Wordings are available upon request.***

## ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Enrollment Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Enrollment Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing the complete Policy Wording.

## QUALITY GUARANTEE

Your satisfaction is very important to IMG. If, for any reason, you are not pleased with this product you may submit a written request for cancellation and refund of your premium. The request must be received by IMG prior to your effective date of coverage.

## CLAIM PAYMENT

All benefits payable under Patriot Executive<sup>SM</sup> are subject to the provisions described in this brochure and the Policy Wording. To make claim processing efficient, claims may be paid in two ways.

1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be made either to the Insured Person or directly to the provider.

### ***Please mail completed claim forms to:***

International Medical Group, Inc., 407 Fulton Street, Indianapolis, IN 46202 U.S.A.  
All IMG contact numbers, claim forms and Policy Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 317-655-4505 or e-mail: [insurance@imglobal.com](mailto:insurance@imglobal.com).

## CONDITIONS OF COVERAGE

1. The Period of Coverage is for one year from the effective date of the Certificate of Coverage.
2. Coverage and benefits are subject to the deductible.
3. Coverage under the Patriot Executive plan is secondary to any other coverage or contractual benefits.
4. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
5. Charges must be administered or ordered by a physician.
6. Charges must be incurred during the Period of Coverage or the Benefit Period, if applicable.
7. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period (if applicable), or during the three months immediately following the Period of Coverage.

## EMERGENCY EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE

1. All Conditions and Exclusions apply to these benefits.
2. All Emergency Medical Evacuation, Emergency Reunion and Repatriation expenses, including all costs arising from trips outside the country where the incident which gave rise to the claim occurred, must be approved and coordinated in advance by IMG<sup>SM</sup> to be eligible for coverage.

## PRECERTIFICATION

Each proposed hospital admission and inpatient or outpatient surgery must be Precertified, which means the insured person or their attending physician must call the number listed on the IMG Identification Card *prior* to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. **Precertification is not a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines.** *Note: You may begin the precertification process at our website, [www.imglobal.com](http://www.imglobal.com). Simply click the "Current Clients" title, then click the "Initiate Precertification" option. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures or evacuations.*

## Eligibility

### U.S. citizens

You, your spouse and children are eligible for Patriot Executive<sup>SM</sup> while traveling outside the United States if 1) you are a U.S. citizen, 2) employed by a company with a location in the United States, 3) are covered by an individual or group medical plan while in the United States, and 4) travel outside the United States frequently throughout the year.

### Canadian citizens

You, your spouse and children are eligible for Patriot Executive<sup>SM</sup> while traveling outside Canada and the United States if 1) you are a Canadian citizen, 2) employed by a company with a location in Canada, 3) are covered by an individual or group medical plan while in Canada, and 4) travel outside Canada and the United States frequently throughout the year.

*Although the Patriot Executive plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed.*

## To Enroll

1. Complete this entire Enrollment Form, front and back.
2. If paying by check or money order, please make payable to IMG and enclose in envelope with signed Enrollment Form.
3. Mail or fax completed Enrollment Form to:  
International Medical Group, Inc.  
407 Fulton Street, Indianapolis, Indiana 46202 USA  
Fax 317-655-4505

### Please Print:

Applicant's Name Mr. / Mrs. / Ms.

Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Send Confirmation of Coverage to \_\_\_\_\_

Residence address, if different \_\_\_\_\_

Phone \_\_\_\_\_

Requested effective date of coverage \_\_\_\_\_

Passport number \_\_\_\_\_

Applicant's Beneficiary \_\_\_\_\_

Beneficiary's Relationship to Applicant \_\_\_\_\_

Applicant's U.S./Canadian Insurance Carrier & Policy Number \_\_\_\_\_

Individual to notify in case of emergency \_\_\_\_\_

Phone number \_\_\_\_\_

*Applicant will be the beneficiary for spouse and dependent children.*

#### Selling Agent Use Only

Agency# \_\_\_\_\_ GA# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

0302 Updated 3/02

## Patriot Executive<sup>SM</sup> through age 65

(circle one)

Maximum Trip Duration*	15 Days	30 Days
Annual Premium	US\$200.00	US\$250.00

Spouse & 2 Dependents - US\$100.00  
Each Additional Dependent - US\$40.00

Rates include 2.5% surplus lines tax.  
Rates are effective through 12/31/03.

*\*The maximum duration of any one trip is your choice of 15 days or 30 days. Trips for covered dependents will be limited to 15 days for any one trip.*

### Names of individuals to be covered under this certificate:

Insured Name(s)	Date of Birth	Annual Premium
Insured _____	_____	_____
Spouse _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____

**TOTAL PREMIUM:** \_\_\_\_\_

**Payment Method**  Check (To IMG)  Money Order (To IMG)  
 Mastercard  Visa  American Express

*If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.*

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

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Your Daytime Phone \_\_\_\_\_

Your Billing Address \_\_\_\_\_

**SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for Patriot Executive<sup>SM</sup> travel insurance underwritten by Sirius International Insurance Corporation (publ) (the Company). I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage is available, (ii) coverage under Patriot Executive<sup>SM</sup> is not renewable, (iii) 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, (iv) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company unless approved in writing by an officer of the Company, and (v) the Master Policy is issued in the United States, and is governed by its laws.

**ACKNOWLEDGEMENT** I understand and agree that this insurance provides only limited coverage, up to US\$5000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that existed at the time of application or at any time prior thereto, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom (a "pre-existing condition"), whether or not previously manifested or known, diagnosed, treated, or disclosed, and that all charges and/or claims for pre-existing conditions in excess of such limit will be excluded from coverage under this insurance.

**MEDICAL RELEASE** I (we) hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

**CERTIFICATION** I hereby certify, represent and warrant that: (i) I have read the foregoing statements or they have been read to me, and I understand them, (ii) I am (we are) eligible to participate in this insurance program in accordance with the eligibility requirements set forth herein, (iii) I am (we are) currently in good health and have not been diagnosed with, treated for, and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment in the future or for which I (we) intend to claim under this insurance. If signed as proxy of any insured, the undersigned warrants their authority and capacity to so act and to bind the insured. By acceptance of coverage, the insured ratifies the authority of the signatory to bind insured.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_