



INTERNATIONAL MEDICAL GROUP

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As the Plan Administrator for Patriot GoTravel<sup>SM</sup>, IMG acts as the authorized agent for and on behalf of Sirius International.



**SIRIUS**  
INTERNATIONAL

**Plan Underwriter**

These Patriot GoTravel plans are surplus lines products underwritten by Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing). Sirius International is a White Mountains Re company.

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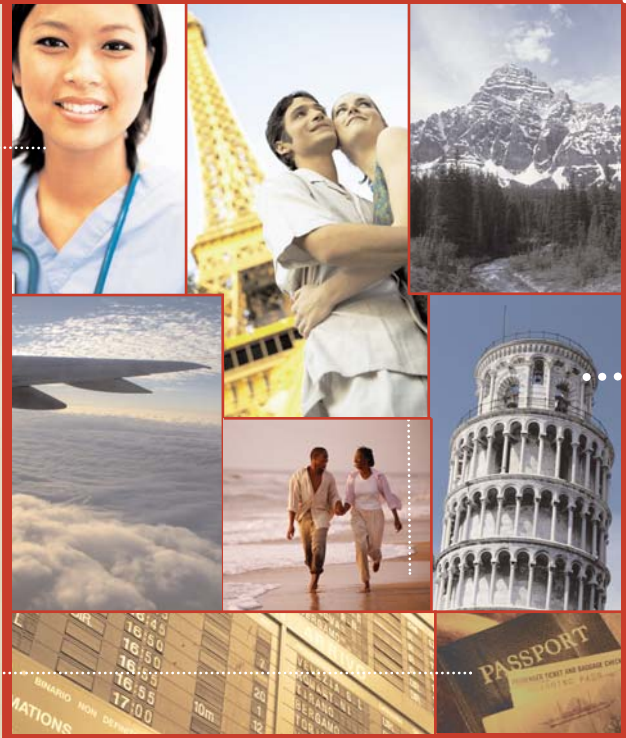
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**Patriot GoTravel<sup>SM</sup>**  
Medical Insurance for  
International Travelers



**Patriot GoTravel<sup>SM</sup> International**  
For U.S. citizens traveling abroad

**Patriot GoTravel<sup>SM</sup> America**  
For non-U.S. citizens traveling abroad



INTERNATIONAL MEDICAL GROUP

## The uncertainties of travel



Traveling abroad can be an exciting experience. But what would happen if you or one of your family members became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical emergency.

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans may offer adequate domestic coverage, they may not be designed for international travel. Without even realizing it, you may be putting your health - and that of your family - at risk.

What if you are injured or become ill during your trip? Could you get quality treatment at an unfamiliar hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby? Who do you call? Imagine trying to call your insurance company at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

You have enough things to worry about when you're traveling. Don't let your medical coverage be one of them. International Medical Group® (IMG®) has developed two Patriot GoTravel<sup>SM</sup> plans to provide you and your family Coverage Without Boundaries®. Each plan offers a complete package of international benefits and 24 hour availability. Simply select the one that best fits your needs.

## The experienced plan administrator



IMG World Headquarters, Indianapolis, Indiana

Since 1990, International Medical Group 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 claims administrators, on-site medical staff, and customer service professionals work together to ensure that your medical needs are met. We process as many as 100,000 claims each year from countries throughout the world, and can confidently handle virtually any language or currency.

To give you true Global Peace of Mind®, IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. We provide the highest standard of customer service, so you can rest assured that IMG will be there for you, whether it be for routine treatment or during a medical emergency.

IMG gives you worldwide coverage experience, impeccable service, and international expertise. Don't leave your medical care to chance. Let IMG reduce the uncertainties of international travel for you and your family.

## SCHEDULE OF BENEFITS

### MEDICAL BENEFITS -

usual, reasonable and customary charges, subject to deductible and coinsurance

<b>Hospital Room and Board</b>	<b>Up to Policy Maximum for average semi-private room rate</b>
<b>Intensive Care</b>	<b>Up to Policy Maximum</b>
<b>Medical Expenses</b>	<b>Up to Policy Maximum</b>
<b>Outpatient Medical</b>	<b>Up to Policy Maximum</b>
<b>Local Ambulance</b>	<b>Up to Policy Maximum</b>
<b>Emergency Room</b>	<b>As described below</b>

Charges incurred for the use of the Emergency Room due to an accident are covered up to the Policy Maximum.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admittance to the hospital.

### PLAN INFORMATION

<b>Deductible</b>	<b>Your choice of US\$0, \$100, \$250, \$500, \$1,000 or \$2,500</b>
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On the Application Form, you will be asked to circle your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

<b>Coinsurance</b>	<b>As described below</b>
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**For treatment received outside the U.S. & Canada:** No coinsurance

**For treatment received within the U.S. & Canada:** The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

<b>Benefit Period</b>	<b>Six months</b>
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If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the six-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the Period of Coverage expired, benefits for the covered injury or illness will continue subject to the Policy Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

## SCHEDULE OF BENEFITS

### SPECIAL COVERAGES

<b>Home Country Coverage</b>	<b>As described below</b>
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**Incidental Home Country Coverage** - During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their home country, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

**End of Trip Home Country Coverage** - For every five months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of two months. To purchase this special home country extension coverage, please check the appropriate box on the Application Form, and calculate your premium to include the additional month(s).

<b>Trip Interruption</b>	<b>Up to US\$5,000</b>
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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, each Patriot GoTravel 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.

<b>Common Carrier Accidental Death</b>	<b>US\$50,000 to Beneficiary; maximum of US\$250,000 per family</b>
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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.

<b>Sports &amp; Activities Coverage</b>	<b>Up to Policy Maximum for basic sports as described below</b>
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Each Patriot GoTravel plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by the 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: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing,

## SCHEDULE OF BENEFITS

kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, windsurfing and whitewater rafting.

**Optional Leisure or Extreme Sports Riders: Please see page 9 for more information.**

### Accidental Death & Dismemberment

**US\$25,000 principal sum**

Each Patriot GoTravel 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 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 page 13.

### Terrorism Coverage

**Up to US\$50,000 lifetime maximum**

Each Patriot GoTravel plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse eligible medical claims subject to a US\$50,000 lifetime maximum. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is defined as the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand. However, this benefit does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the 6 months prior to the insured person's date of arrival.

This benefit also does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to depart the country or location.

### Identity Theft Assistance

**Up to US\$500 per Period of Coverage**

If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, the Patriot GoTravel plans will provide coverage for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of reporting, amending and/or rectifying records as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage and must be reported within 6 months of the termination of coverage date.

## NON-U.S. CITIZENS COVERAGE FROM 10 DAYS TO 2 YEARS

**Patriot GoTravel<sup>SM</sup> America provides coverage for non-U.S. citizens** traveling outside their home country for a minimum of 10 days up to a maximum of two years. If the plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. See the "Extension of Coverage" section on page 15 for more information.

If you or other family members applying for coverage are age 65 or older, please see the Eligibility section on page 15 for additional information.

**Details on optional riders can be found on page 9, and more information on calculating your rates can be found on page 16.**

All premium rates are in U.S. dollars and are effective through 12/31/07. Rates include 2.5% surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

### ONE MONTH RATES (four Policy Maximum options)

Age	Option 1	Option 2	Option 3	Option 4
	\$50,000	\$100,000	\$500,000	\$1,000,000
	One Month	One Month	One Month	One Month
18-29	\$40	\$46	\$59	\$70
30-39	\$52	\$62	\$78	\$89
40-49	\$77	\$88	\$116	\$131
50-59	\$111	\$135	\$164	\$190
60-64	\$131	\$160	\$191	\$229
65-69	\$149	\$192	\$208	\$249
70-79	\$202	N/A	N/A	N/A
80+*	\$351	N/A	N/A	N/A
Dep. Child	\$24	\$26	\$33	\$36
Child Alone	\$36	\$42	\$54	\$61

\*US\$10,000 Maximum

### DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)

Age	Option 1	Option 2	Option 3	Option 4
	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
18-29	\$1.35	\$1.55	\$2.00	\$2.35
30-39	\$1.75	\$2.05	\$2.60	\$3.00
40-49	\$2.55	\$2.95	\$3.90	\$4.35
50-59	\$3.70	\$4.55	\$5.50	\$6.35
60-64	\$4.35	\$5.35	\$6.35	\$7.65
65-69	\$4.95	\$6.40	\$6.95	\$8.30
70-79	\$6.75	N/A	N/A	N/A
80+*	\$11.70	N/A	N/A	N/A
Dep. Child	\$.80	\$.85	\$1.10	\$1.20
Child Alone	\$1.20	\$1.40	\$1.80	\$2.00

\*US\$10,000 Maximum

\*The maximum amount of coverage for applicants who are 80 years of age or older is US\$10,000.

**U.S. CITIZENS  
COVERAGE FROM 10 DAYS TO 2 YEARS**

**Patriot GoTravel<sup>SM</sup> International** provides coverage for U.S. citizens traveling outside the U.S. for a minimum of 10 days up to a maximum of two years. If the plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. See the “Extension of Coverage” section on page 15 for more information.

In addition to the benefits listed on pages 3 through 5, Patriot GoTravel International for U.S. citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

**Sudden Recurrence of a Pre-existing Condition** - Up to US\$15,000 will be paid for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside of the U.S. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 11.

**Indemnity** - Patriot GoTravel International will pay directly to the insured person US\$100 for each night of a required overnight stay in a hospital. However, the hospital stay must be covered under this plan in order to receive this benefit.

*All premium rates are in U.S. dollars and are effective through 12/31/07. Rates include 2.5% surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.*

**Rates are listed on the next page.**

**ONE MONTH RATES (five Policy Maximum options)**

	<b>Option 5 \$50,000</b>	<b>Option 6 \$100,000</b>	<b>Option 7 \$500,000</b>	<b>Option 8 \$1,000,000</b>	<b>Option 9 \$2,000,000</b>
<b>Age</b>	<b>One Month</b>	<b>One Month</b>	<b>One Month</b>	<b>One Month</b>	<b>One Month</b>
18-29	\$29	\$34	\$40	\$44	\$50
30-39	\$34	\$40	\$53	\$58	\$66
40-49	\$54	\$61	\$67	\$75	\$91
50-59	\$88	\$100	\$112	\$125	\$141
60-64	\$100	\$119	\$141	\$166	\$185
65-69	\$119	\$127	\$146	\$174	\$224
70-79	\$174	N/A	N/A	N/A	N/A
80+*	\$348	N/A	N/A	N/A	N/A
Dep. Child	\$17	\$21	\$25	\$26	\$31
Child Alone	\$29	\$33	\$38	\$42	\$48

\*US\$10,000 Maximum

**DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)**

	<b>Option 5 \$50,000</b>	<b>Option 6 \$100,000</b>	<b>Option 7 \$500,000</b>	<b>Option 8 \$1,000,000</b>	<b>Option 9 \$2,000,000</b>
<b>Age</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>
18-29	\$1.00	\$1.15	\$1.35	\$1.50	\$1.65
30-39	\$1.15	\$1.35	\$1.75	\$1.95	\$2.20
40-49	\$1.80	\$2.05	\$2.25	\$2.50	\$3.05
50-59	\$2.95	\$3.35	\$3.75	\$4.20	\$4.70
60-64	\$3.35	\$3.95	\$4.70	\$5.55	\$6.20
65-69	\$3.95	\$4.25	\$4.85	\$5.80	\$7.50
70-79	\$5.80	N/A	N/A	N/A	N/A
80+*	\$11.60	N/A	N/A	N/A	N/A
Dep. Child	\$.55	\$.70	\$.85	\$.90	\$1.05
Child Alone	\$1.00	\$1.10	\$1.25	\$1.40	\$1.60

\*US\$10,000 Maximum

\*The maximum amount of coverage for applicants who are 80 years of age or older is US\$10,000.

**Details on optional riders can be  
found on page 9, and more information  
on calculating your rates can  
be found on page 16.**

## OPTIONAL RIDERS

### Leisure Sports Rider

The Leisure Sports Rider is available on both Patriot GoTravel plans and adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For premium information, please see the back of the Application Form.

### Extreme Sports Rider

The Extreme Sports Rider is available on both Patriot GoTravel plans and adds up to 12 months of coverage for those under the age of 49. This rider provides up to US\$50,000 lifetime maximum for the following activities: abseiling, BMX, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, kayaking, inline skating, mountain biking, mountaineering (ropes and guides to 4500m from ground level), paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level)), skydiving, spelunking, whitewater rafting (to Class V). These extreme activities must be engaged in solely for leisure, recreation, or entertainment purposes.

#### Monthly Rates

Available in monthly increments up to a maximum of 12 months

U.S. Citizen	Non-U.S. Citizen
US\$30	US\$45

### Patriot T.R.I.P. Lite<sup>SM</sup>

Trip cancellation coverage is also available for your trip. With this plan, the loss of pre-paid, non-refundable, and unused payments may be recovered when a trip is cancelled due to: illness, injury or death to you, a family member or travel companion; bankruptcy or financial default; a terrorist incident; jury duty; home made uninhabitable by fire, wind, storm, flood, or vandalism; quarantine; auto accident on way to airport; job termination; cancelled leave for active duty military, police or fire fighters. The benefits are outlined below and premium information can be found on the back of the Application Form.

Benefits	Maximum benefit per insured person
Trip cancellation	Trip cost up to US\$20,000
Travel delay	Up to US\$500
Baggage delay	Up to US\$100

**More optional riders are listed on the next page.**

## MORE OPTIONAL RIDERS

### Patriot GoTravel Return Rider

The Patriot GoTravel Return Rider is **only available to non-U.S. citizens who have purchased Patriot GoTravel America**. When purchased at the time of application, Patriot GoTravel Return provides temporary medical coverage for non-U.S. citizens returning to their home country. The insured person must be outside his/her home country at time of application. For premium information, please see the back of the Application Form.

### Enhanced AD&D Rider

This optional coverage is available for the primary insured person only. This coverage is in addition to the Accidental Death and Dismemberment already included in the Patriot GoTravel plans. Coverage must be purchased for a minimum of three months.

#### Monthly Rates - coverage must be purchased for a minimum of three months

Up to US\$100,000 additional coverage	US\$8
Up to US\$200,000 additional coverage	US\$16
Up to US\$300,000 additional coverage	US\$24
Up to US\$400,000 additional coverage	US\$32

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

This is a new tool designed to give you the ability to access the information you need to manage your account online 24/7 from anywhere in the world. It offers claims status and history information; announcement and message capability; certificate documents and dedicated forms; First Health Network PPO and IPA search access; and producer contact information.

### International Provider Access

IMG provides an on-line International Provider Access database that can be used to locate health care providers outside the U.S. as needed. The database can be found at [www.imglobal.com](http://www.imglobal.com). (Note: Use of this service is subject to the terms and conditions specified on-line. These terms must be agreed to prior to using the service.)

## PLAN INFORMATION

### QUALITY GUARANTEE

Your satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, you are not pleased with this product, you may submit a written request for cancellation and refund of your premium. In order to be considered for a full refund, your request for cancellation must be received by IMG prior to your effective date. If you do not have any claims filed with IMG, you may cancel your plan after your effective date, however, the following conditions will apply: 1) you will be required to pay a US\$25 cancellation fee and 2) only full month premiums will be considered for refunds (e.g., if you choose to cancel your coverage two months and two weeks prior to the date your coverage ends, IMG will only consider the two full months for a refund). If you have filed claims, your premium is non-refundable.

### EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under the Patriot GoTravel plans.

1. Pre-existing Conditions. A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, terrorism, political insurrection, protest, or any act thereof.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. 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: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing,

(Exclusions continued on next page)

- rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, wind-surfing and whitewater rafting.
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. Willful self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered under the certificate.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Treatment for mental and nervous disorders.
19. Organ or tissue transplants or related services.
20. Illness or injury where the trip to the host country is undertaken for treatment or advice for such Illness or injury, except as expressly provided for in the certificate of insurance.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

*This brochure contains only a consolidated and summary description of all current Patriot GoTravel 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.*

## CLAIMS PROCEDURE

### PRECERTIFICATION

Each proposed 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 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 an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

**For precertification, emergency evacuation, and return of mortal remains, please call:** IMG in the U.S.: 1-800-628-4664 (toll free) or 1-317-655-4500. Call IMG outside the U.S.: 001-317-655-4500 (collect if necessary). This information will also be provided on your ID card.

**Note:** An insured person may begin the precertification process at our website, [www.imglobal.com](http://www.imglobal.com). Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to provide the required information, which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of the email, and once we have received the request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 2 business days. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures, or evacuations.

#### CLAIM PAYMENT

All benefits payable under Patriot GoTravel are subject to the provisions described in this brochure and as contained in the Policy Wording and certificate of coverage. 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, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate 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. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under a Patriot GoTravel plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

## ENROLLMENT PROCESS & APPLICATION FORM

**You should read the following important information prior to completing the Application Form.**

#### HOW TO ENROLL

Before you begin your travel, simply fill out the Application Form and calculate the premium for the time period you and your family will be traveling. Once you have completed the Application Form, return it to your insurance agent or broker, and/or mail it to IMG.

You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the **latest** of the following dates:

- 1) the date IMG receives your completed Application Form and the appropriate premium (for non-U.S. citizens, the date following such receipt);
- 2) the date you depart from your home country; or
- 3) the date requested on your Application Form.

Patriot GoTravel coverage ends on the **earliest** of the following dates:

- 1) The end of the period for which premium has been paid;
- 2) the date requested on your Application Form; or
- 3) the date you return to your home country (however, see Home Country Coverage on page 4 for incidental coverage).

#### ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing a complete outline of the Policy Wording. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

## ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in Patriot GoTravel.

- Patriot GoTravel is travel insurance for U.S. citizens traveling outside the United States and for non-U.S. citizens traveling outside their home country.
- For those over age 65 and visiting the U.S., your initial Period of Coverage must begin within 30 days of arrival in the U.S. This requirement will be waived with proof of previous valid insurance. Please provide the name of your insurance carrier on the Application Form. If you are not in the U.S. at the time of application, please indicate your expected date of arrival on your Application Form.

## EXTENSION OF COVERAGE

If Patriot GoTravel America or Patriot GoTravel International is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. Renewals are available in whole month or daily increments and may be completed online or by using a paper application, however, renewals of less than one month are available only online. For each renewal of less than one month completed online, you will be charged an additional US\$5 processing fee. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

## ONLINE FULFILLMENT

You may choose to download your fulfillment kit from the IMG website rather than having it mailed to you. To do this, you must check the appropriate box listed in Section 2 of the Application Form. We **must** have your correct email address to complete this process. Once IMG has received and processed your Application Form, you will receive an email from IMG that contains all of the hyperlinks to obtain the fulfillment information through the Internet.

### Completing Section 4 of the Application Form - Sample information

In Section 4 of the application, you will be asked to complete information for each person to be covered by the plan, and you must calculate the monthly and/or daily premium for each person. Below is a sample calculation to assist you. In this example, a family of four (U.S. citizens) is traveling from January 20 through April 12 (i.e., 2 full months, plus 23 days). Based on this information, they would use the Patriot GoTravel International plan. They choose a \$500,000 plan maximum (Option 7). This family's premium rate calculations would be as follows, based on the monthly and daily rates set forth on page 8:

4. Names of Persons to be insured:				Monthly Rate	# of months	Age	Date of Birth (month/day/year - REQUIRED)	Monthly Rate	# of months	Age	Daily Rate	# of days	
Applicant	<i>John Traveler</i>			\$67	X 2	43	4 / 2 / 62	\$134			\$2.25	X 23	\$51.75
Spouse	<i>Jane Traveler</i>			53	X 2	39	7 / 8 / 66	106			1.75	X 23	40.25
Child	<i>Susan Traveler</i>			25	X 2	15	10 / 27 / 90	50			.85	X 23	19.55
Child	<i>Jim Traveler</i>			25	X 2	13	1 / 25 / 92	50			.85	X 23	19.55
											<b>\$340.00</b>	<b>Total (A)</b>	
												<b>\$131.10</b>	<b>Total (B)</b>

The monthly and daily rates are determined by the age of the applicant as of the effective date of requested coverage (in this example, the application was completed 1/1/06 and ages were determined as of 1/20/06, the departure date). The number of months is 2 (January 20 through February 20 is one month, February 20 through March 20 is another month). The number of days remaining is 23 (March 21 through April 12).

### Completing Section 7 of the Application Form - Sample information

In Section 7 of the application, you will be asked to calculate your total premium. At the right is a sample calculation to assist you. The sample uses the same information as our example on the previous page, and completes the calculation process.

You will note that in addition to selecting the \$500,000 plan maximum for each insured person (Option 7), the family also selected a \$100 deductible (deductible rate factor 1.10), the Leisure Sports Rider, and the Patriot T.R.I.P. Lite coverage.

In the first column, \$340.00 has been entered for the monthly premium and \$131.10 has been entered for the daily premium as calculated in Section 4 (see previous page). Because the family chose a \$100 deductible in Section 6 on the application, their rate factor is 1.10.

The family chose two separate riders so they have entered the applicable rider factor and completed a calculation.

The base premium (C) has been multiplied by the total rider factor plus 1.00 (D). The other rider cost is then added to that total to arrive at their Total Premium.

Due to space constraints, the sample box looks slightly different than the calculation box on the application

7. (A) Monthly premium total (from Total (A) in Section 4)	<b>340.00</b>	Extreme Sports Rider - To purchase this option, please complete the following calculation:	X	Rate from page 10	(F)
(B) Daily premium total (from Total (B) in Section 4)	<b>+ 131.10</b>	Number of travelers who require this rider	X	Rate from page 10	(F)
	<b>= 471.10</b>				
Deductible rate factor (see Section 6)	X <b>1.10</b>	Enter (F) in the space below			
(C) Base premium - enter in the space below	<b>= 518.21</b>	Enhanced AD&D Rider - To purchase this option, please complete the following calculation:			
Leisure Sports Rider enter .20 if applicable	<b>.20</b>	Number of months X Rate from page 11	X	Rate from page 11	(G)
Patriot GoTravel Return Rider enter .05 if applicable	<b>----</b>	Enter (G) in the space below			
(D) Total Rider factor go to space below and place this factor to the right of the 1.	<b>.20</b>	Enter the amount from (C)	X	<b>518.21</b>	
Patriot T.R.I.P. Lite - To purchase this option, please complete the following calculation:		Enter the amount from (D)	X	<b>1.20</b>	
<b>8,000</b> ÷ 100 = <b>80</b> X 4.52 = <b>361.60</b>		to the right of the 1.		<b>= 621.85</b>	
Total cost of trip for all travelers	<b>(E)</b>	Enter the amount from (E)	+	<b>361.60</b>	
Enter (E) in the space below		Enter the amount from (F)	+	<b>----</b>	
		Enter the amount from (G)	+	<b>----</b>	
		Optional express mail	+	<b>----</b>	
		<b>TOTAL PREMIUM DUE</b>		<b>983.45</b>	

**1. Primary applicant information: Patriot GoTravel** Please print legibly and complete ALL SECTIONS (front and back) of this application.  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Passport, SSN, or Driver's License Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

Home Country \_\_\_\_\_ Destination Country(ies) \_\_\_\_\_

Please indicate beneficiaries for the accidental death and common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.

Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Beneficiary for Spouse/Children \_\_\_\_\_ Relationship to Spouse/Children \_\_\_\_\_

**2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:**  
OR  I will use the Online Fulfillment Kit Option (see page 16 for details-an email address is required)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address, City, State, Country, Postal Code \_\_\_\_\_

**3. Select the coverage plan and plan option. (Check one plan and one option):**

**Patriot GoTravel America for non-U.S. citizens**       **Patriot GoTravel International for U.S. citizens**

Option Number: 1\_\_ 2\_\_ 3\_\_ 4\_\_      Option Number: 5\_\_ 6\_\_ 7\_\_ 8\_\_ 9\_\_

**Applicants over age 65** (see page 16 for details)

Current Carrier \_\_\_\_\_

Date of arrival in the U.S. \_\_\_\_\_ **OR**

Expiration date of current coverage \_\_\_\_\_

4. Names of Persons to be insured:	Date of Birth (month/day/year) REQUIRED	Age	Monthly Rate*	# of months	Daily Rate*	# of days
<input type="checkbox"/> Applicant _____	__ / __ / __	__	_____ X	= _____	_____ X	= _____
<input type="checkbox"/> Spouse _____	__ / __ / __	__	_____ X	= _____	_____ X	= _____
<input type="checkbox"/> Child _____	__ / __ / __	__	_____ X	= _____	_____ X	= _____
<input type="checkbox"/> Child _____	__ / __ / __	__	_____ X	= _____	_____ X	= _____
▲ Please check the box in front of the applicant's name for those who would like to purchase the optional Extreme Sports Rider. Please see page 10 for more information.					_____	_____
					<b>Total (A)</b>	<b>Total (B)</b>

Please attach additional sheet for more children  
\*use applicable monthly and daily rates (see pages 6 and 8)

<p><b>5.</b> (month / day / year)</p> <p>Requested effective date (see How to Enroll, page 15): ____/____/____</p> <p>Date of departure from your Home Country: ____/____/____</p> <p>Date of return to Home Country: ____/____/____</p> <p><input type="checkbox"/> <b>Home Country Coverage</b> (if applicable, enter number of extra coverage months here ____; see page 5 for details)</p>	<p><b>6. CIRCLE ONE</b></p> <p>Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7</p>	<table border="1"> <thead> <tr> <th>Deductible</th> <th>Rate Factor</th> </tr> </thead> <tbody> <tr> <td>US\$0</td> <td>1.25</td> </tr> <tr> <td>US\$100</td> <td>1.10</td> </tr> <tr> <td>US\$250</td> <td>1.00</td> </tr> <tr> <td>US\$500</td> <td>.90</td> </tr> <tr> <td>US\$1000</td> <td>.80</td> </tr> <tr> <td>US\$2500</td> <td>.70</td> </tr> </tbody> </table>	Deductible	Rate Factor	US\$0	1.25	US\$100	1.10	US\$250	1.00	US\$500	.90	US\$1000	.80	US\$2500	.70
Deductible	Rate Factor															
US\$0	1.25															
US\$100	1.10															
US\$250	1.00															
US\$500	.90															
US\$1000	.80															
US\$2500	.70															

<b>7. (A)</b> Monthly premium total (from Total (A) in Section 4)	_____
<b>(B)</b> Daily premium total (from Total (B) in Section 4)	+ _____
	= _____
Deductible rate factor (see Section 6)	X _____
<b>(C) Base premium - enter in the space below</b>	_____
<b>Leisure Sports Rider</b> enter .20 if applicable	_____
<b>Patriot GoTravel Return Rider</b> enter .05 if applicable	+ _____
<b>(D) Total Rider factor go to space below and place = this factor to the right of the 1.</b>	_____
<b>Patriot T.R.I.P. Lite</b> - To purchase this option, please complete the following calculation:	
_____ ÷ 100 = _____ X 4.52 = _____	<b>(E)</b>
Total cost of trip for all travelers	
<b>Enter (E) in the space below</b>	
<b>Extreme Sports Rider</b> - To purchase this option, please complete the following calculation:	
_____ X _____ X _____ = _____	<b>(F)</b>
Number of travelers who require this rider	Number of months
	Rate from page 10
<b>Enter (F) in the space below</b>	
<b>Enhanced AD&amp;D Rider</b> - To purchase this option, please complete the following calculation:	
_____ X _____ = _____	<b>(G)</b>
Number of months	Rate from page 11
<b>Enter (G) in the space below</b>	
<b>(C) Enter the amount from C</b>	_____
<b>(D) Enter the amount from D to the right of the 1.</b>	X <b>1.</b> _____
	= _____
<b>(E) Enter the amount from E</b>	+ _____
<b>(F) Enter the amount from F</b>	+ _____
<b>(G) Enter the amount from G</b>	+ _____
<b>US\$20 optional express mail</b>	+ _____
<b>TOTAL PREMIUM DUE</b>	= _____

Selling Producer Use Only	
Producer#	243683
GA#	Travel Assist Network
Name	_____
Address	_____
City, State, Zip	_____
Phone:	_____

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

**8. SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Patriot Travel Medical Insurance as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use 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 agent and administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

**ACKNOWLEDGEMENT** I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

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

**CERTIFICATION** I (we) hereby certify, represent and warrant that: (i) I (we) have read the foregoing statements and the brochure or 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, (iii) I am (we are) currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind applicant.

**X** Signature of Insured or Proxy \_\_\_\_\_

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

**9. Payment Method**  Check (To IMG)  Money Order (To IMG)  
 MasterCard  Visa  American Express  
 Discover  JCB

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 \_\_\_\_\_