



INTERNATIONAL MEDICAL GROUP

Plan Administrator

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As the Plan Administrator for Patriot GoTravelSM Group,
IMG acts as the authorized agent for and on behalf of
Sirius International.



Plan Underwriter

These Patriot GoTravel Group 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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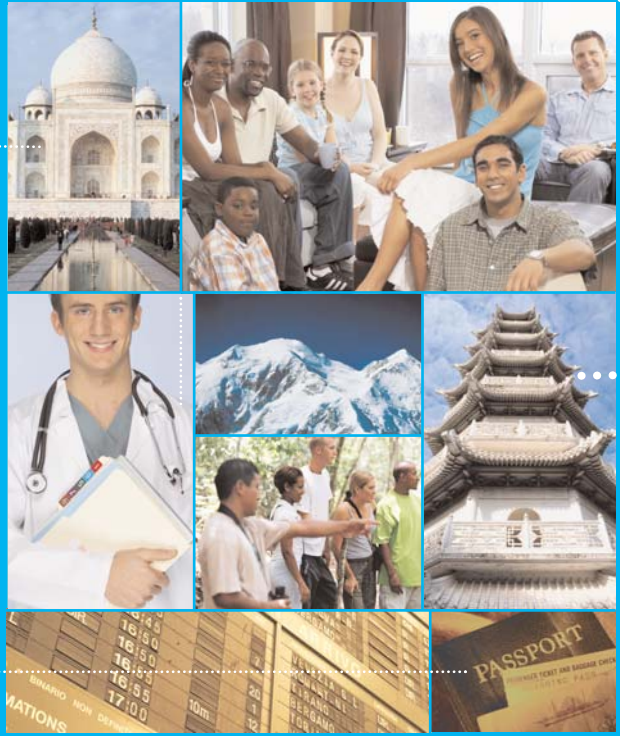
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Patriot GoTravelSM Group

Medical Insurance for
International Travelers



Patriot GoTravelSM Group International
For groups of five or more U.S.
citizens traveling abroad

Patriot GoTravelSM Group America
For groups of five or more 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 a member of your group became ill or injured while away from home? How would you deal with the language and currency barriers? Who would 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?

What if you are hosting a group from another country? Would those group members be covered while in your country? Would your organization be responsible for their medical costs?

You have enough things to worry about. Don't let medical coverage be one of them. International Medical Group® (IMG®) has developed Patriot GoTravelSM Group plans to provide you and your group 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



INTERNATIONAL MEDICAL GROUP



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 claim administrators, on-site medical staff and customer service professionals work together 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. You can rest assured that IMG will be there for you whether it be for routine treatment or during a medical emergency.

SCHEDULE OF BENEFITS

MEDICAL BENEFITS -

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

Hospital Room and Board Up to Policy Maximum for average semi-private room rate

Intensive Care Up to Policy Maximum

Medical Expenses Up to Policy Maximum

Outpatient Medical Up to Policy Maximum

Local Ambulance Up to Policy Maximum

Emergency Room As described below

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

Deductible Choice of US\$0, \$100, \$250, \$500, \$1,000 or \$2,500

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.

Coinsurance As described below

For treatment received outside the US & Canada: No coinsurance

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

Benefit Period Six months

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

Home Country Coverage

As described below

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).

Trip Interruption

Up 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, each Patriot GoTravel Group 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.

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 of group.

Sports & Activities Coverage

Up to Policy Maximum for basic sports as described below

Each Patriot GoTravel Group 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, 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 8 for more information.

SCHEDULE OF BENEFITS

Accidental Death & Dismemberment

US\$25,000 principal sum

Each Patriot GoTravel Group 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 Group 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 Group 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-US CITIZENS COVERAGE FROM 10 DAYS TO 2 YEARS

Patriot GoTravelSM America provides coverage for non-US 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 14 for more information. If any group member applying for coverage is age 65 or older, please see the Eligibility section on page 14 for additional information.

Details on optional riders can be found on page 8, and more information on calculating your rates can be found on page 15.

All premium rates are in US dollars and are effective through 12/31/07. Rates include 2.5% surplus lines tax where applicable. A dependent child is a child shown on the Application Form over 14 days and under 18 years of age, traveling with the group as a dependent of a group member, 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	\$36	\$41	\$53	\$63
30-39	\$46	\$55	\$70	\$80
40-49	\$70	\$79	\$104	\$118
50-59	\$100	\$122	\$120	\$171
60-64	\$118	\$145	\$171	\$206
65-69	\$135	\$172	\$187	\$224
70-79	\$182	N/A	N/A	N/A
80+*	\$316	N/A	N/A	N/A
Dep. Child	\$21	\$23	\$29	\$32
Child Alone	\$32	\$38	\$49	\$54

*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	\$1.20	\$1.40	\$1.80	\$2.10
30-39	\$1.55	\$1.85	\$2.35	\$2.70
40-49	\$2.35	\$2.65	\$3.50	\$3.95
50-59	\$3.35	\$4.05	\$4.00	\$5.70
60-64	\$3.95	\$4.85	\$5.70	\$6.85
65-69	\$4.50	\$5.75	\$6.25	\$7.50
70-79	\$6.05	N/A	N/A	N/A
80+*	\$10.55	N/A	N/A	N/A
Dep. Child	\$.70	\$.80	\$1.00	\$1.10
Child Alone	\$1.10	\$1.25	\$1.65	\$1.80

*US\$10,000 Maximum

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

US CITIZENS COVERAGE FROM 10 DAYS TO 2 YEARS

Patriot GoTravelSM International provides coverage for US 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 2 through 4, Patriot GoTravel International for US 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 US. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 10.

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 US dollars and are effective through 12/31/07. Rates include 2.5% surplus lines tax where applicable. A dependent child is a child shown on the Application Form over 14 days and under 18 years of age, traveling with the group as a dependent of a group member, and for whom premium has been paid.

Rates are listed on next page.

OPTIONAL RIDERS

With the exception of the Extreme Sports Rider, optional riders apply to all group members listed on the Application Form

ONE MONTH RATES (five Policy Maximum options)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	One Month	One Month	One Month	One Month	One Month
18-29	\$27	\$30	\$36	\$40	\$45
30-39	\$30	\$36	\$47	\$53	\$60
40-49	\$49	\$54	\$61	\$67	\$82
50-59	\$79	\$90	\$101	\$112	\$127
60-64	\$90	\$107	\$127	\$149	\$167
65-69	\$107	\$114	\$131	\$157	\$202
70-79	\$157	N/A	N/A	N/A	N/A
80+*	\$313	N/A	N/A	N/A	N/A
Dep. Child	\$15	\$19	\$22	\$23	\$29
Child Alone	\$27	\$30	\$34	\$38	\$43

*US\$10,000 Maximum

DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	Daily	Daily	Daily	Daily	Daily
18-29	\$.90	\$1.00	\$1.20	\$1.35	\$1.50
30-39	\$1.00	\$1.20	\$1.60	\$1.75	\$2.00
40-49	\$1.65	\$1.80	\$2.05	\$2.25	\$2.75
50-59	\$2.65	\$3.00	\$3.40	\$3.75	\$4.25
60-64	\$3.00	\$3.55	\$4.25	\$5.00	\$5.55
65-69	\$3.55	\$3.80	\$4.35	\$5.25	\$6.75
70-79	\$5.25	N/A	N/A	N/A	N/A
80+*	\$10.45	N/A	N/A	N/A	N/A
Dep. Child	\$.50	\$.65	\$.75	\$.80	\$.95
Child Alone	\$.90	\$1.00	\$1.15	\$1.25	\$1.45

*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 15.

Leisure Sports Rider
The Leisure Sports Rider is available on both Patriot GoTravel Group 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 Application Form.

Extreme Sports Rider
The Extreme Sports Rider is available on both Patriot GoTravel Group 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 per person	US\$45 per person

Patriot T.R.I.P. Lite SM
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 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

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 Application Form.

Chaperone/Faculty Leader Replacement Rider

In the event that an insured person who is designated as a Chaperone/Faculty Leader by the sponsoring organization has an unexpected death of a relative, a medical emergency, or the substantial destruction of the principal residence in his/her home country, which causes the insured person to have to cancel or interrupt travel, Patriot GoTravel Group covers reimbursement up to US\$3,000 for the expense of a round trip economy airline ticket for a replacement Chaperone/Faculty Leader. For premium information, please see the Application Form.

MyIMGSM

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. (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

The group's satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, the sponsoring organization or group is 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 the group does not have any claims filed with IMG, you may cancel the plan after the effective date, however, the following conditions will apply: 1) the group will be required to pay a US\$25 cancellation fee and 2) only full month premiums will be considered for refunds (e.g., if the group chooses to cancel coverage two months and two weeks prior to the date coverage ends, IMG will only consider the two full months for a refund). If anyone in the group has filed a claim, the premium is non-refundable.

EXCLUSIONS

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

sion, 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 repatriation, please call: IMG in the US: 1-800-628-4664 (toll free) or 1-317-655-4500. Call IMG outside the US: 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. 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 Group 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.

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 Group plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary and 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 the group begins its travel, simply fill out the Application Form and calculate the premium for the time period(s) your group will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG.

The group members, their spouses 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 the completed Application Form and the appropriate premium (for non-US citizens, the date following such receipt);
- 2) the date the group member departs from his/her home country; or
- 3) the date requested on the Application Form.

Patriot GoTravel Group 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 the Application Form; or
- 3) the date the group member returns to his/her home country (however, see Home Country Coverage on page 3 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 for each member of the group to the Sponsor's mailing address listed on the Application Form. The fulfillment kits 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 express mail delivery is required, 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 Group.

- Patriot GoTravel Group Travel Medical Insurance 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 increments. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

ONLINE FULFILLMENT KIT

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 on 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.

To Enroll - 1. Complete entire Application Form (front and back - please print) **2.** Please make check or money order payable to IMG and enclose in envelope with signed Application Form **3.** Mail or fax to: International Medical Group, Inc., P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax 317-655-4505

Sponsoring Organization _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Contact Name _____

Requested Effective Date _____

Date of Departure _____

Requested Expiration Date _____

Purpose of Trip _____

Destinations _____

We will use the Online Fulfillment Kit Option (see page 14 for details-an email address is required)

Email: _____

Beneficiaries

In the event of an insured's death, his/her beneficiaries will be as follows: **1)** Spouse (if any) - Primary **2)** Children (if any) - First contingent **3)** Estate of the insured - Second contingent

Payment Method Check (To IMG) Money Order (To IMG)

MasterCard Visa American Express Discover JCB

Card# _____

Expiration date _____

Name on Card _____

Authorized Signature _____

Cardholder's Daytime Phone _____

Cardholder's Billing Address _____

Sponsor's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Patriot Group Travel Medical Insurance (Group Insurance) 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 and all such members understand and agree: **(i)** the insurance applied for is not general health insurance, but is intended for the members' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, **(ii)** 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, **(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, the Sponsor and all group members 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(s) 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 the Sponsor and all group members hereby expressly consent. The Sponsor and all group members consent and agree that Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

2. Acknowledgment. The Sponsor and all group members understand and agree that: **(i)** the insurance agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the Sponsor and such members, **(ii)** the Group 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 of the 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 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 group members, 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. Medical Release. The Sponsor and all group members hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, healthcare related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, and employee or benefit plan administrator having information as to any of the group members' care, advice, treatment, evaluation, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and the Company.

4. Certification. The Sponsor and all group members hereby certify, represent and warrant that they have read the foregoing statements and the Group Insurance brochure (or same have been read or provided to such members), and they understand them, and that each group member 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 representative of the Sponsor and as proxy for each of the group members, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such members. By acceptance of coverage and/or submission of any claim for benefits, each group member ratifies and affirms the authority of the signer and Sponsor to so act and bind the member.

5. Premiums; Credit Card Payments. Sponsor agrees to pay the required insurance premiums to IMG, as agent for the Company, on or before the due date(s). If the premiums are to be paid in installments, a grace period of 10 calendar days will be allowed for IMG's actual receipt of payment of each premium, except the initial installment. If any premiums are unpaid at the end of the grace period, the insurance coverage shall lapse and terminate with respect to any group member for whom such premium is unpaid, effective as of the initial due date of the premium, whereupon the Company's liability shall cease with respect to all charges and/or claims incurred by such member(s) thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor authorizes IMG to charge/debit Sponsor's MasterCard, Visa, American Express, Discover or JCB account for the total amount of premiums due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. In the event Sponsor has chosen to pay premiums on an installment basis, Sponsor hereby pre-authorizes future credit card payment installments for the balance of the period of coverage, and hereby requests and authorizes IMG to charge/debit Sponsor's credit card periodically as and when premium payment installments become due. This authorization will remain in effect until revoked by Sponsor in writing, and until IMG actually receives notice of revocation.

Signature _____

Date _____ Phone _____

Please complete and return the front and back sides of this application.

1. Group Member's Name Nationality	Date of Birth	Passport Number/SSN /Driver's License	Group Member's requested Effective date, Expiration date and/or DEparture date, if different than dates on the reverse side	Monthly Rate*	Daily Rate*
<input type="checkbox"/> 1			EF: EX: DE:		
<input type="checkbox"/> 2			EF: EX: DE:		
<input type="checkbox"/> 3			EF: EX: DE:		
<input type="checkbox"/> 4			EF: EX: DE:		
<input type="checkbox"/> 5			EF: EX: DE:		
<input type="checkbox"/> 6			EF: EX: DE:		
<input type="checkbox"/> 7			EF: EX: DE:		
<input type="checkbox"/> 8			EF: EX: DE:		
<input type="checkbox"/> 9			EF: EX: DE:		
<input type="checkbox"/> 10			EF: EX: DE:		
<input type="checkbox"/> 11			EF: EX: DE:		

▲ Please check the box in front of the applicant's name for those who would like to purchase the optional Extreme Sports Rider (see page 8 for details).
 (attach additional sheets if necessary)
 *use applicable monthly/daily rates (see pages 5 or 7)

2. X = Total A
 Subtotal A (from Subtotal A to the right) # of months
 X = Total B
 Subtotal B (from Subtotal B to the right) # of days
 (continue to box below)

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

Patriot GoTravel America for non-US citizens
 Option Number: 1__ 2__ 3__ 4__
 Applicants over age 65
 Current Carrier _____
 (see page 14 for details)

Date of arrival in the U.S. _____ OR
 Expiration date of current coverage _____

Patriot GoTravel International for US citizens
 Option Number: 5__ 6__ 7__ 8__ 9__

4. CIRCLE ONE
 Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 5

Deductible	Rate Factor
US\$0	1.25
US\$100	1.10
US\$250	1.00
US\$500	.90
US\$1000	.80
US\$2500	.70

Home Country Coverage (if applicable, enter number of extra coverage months here _____; see page 4 for details)

Total Premium _____ ÷ _____ = _____
 Number of months
 + \$10.00 = \$ _____
 Billing fee Periodic payment

Minimum initial payment required

5. (A) Monthly premium total (from Total (A) in Section 2) _____
 (B) Daily premium total (from Total (B) in Section 2) + _____ = _____
 Deductible rate factor (see Section 4) X _____
 (C) Base premium - enter in the space below _____
 Leisure Sports Rider enter .20 if applicable _____
 Patriot Return Rider enter .05 if applicable + _____
 Chaperone Rider enter .10 if applicable + _____
 (D) Total Rider factor go to space below and place this factor to the right of the 1. _____
 Patriot T.R.I.P. Lite - To purchase this option, please complete the following calculation:
 _____ ÷ 100 = _____ X 4.52 = _____ (E)
 Total cost of trip for all travelers
 Enter (E) in the space below _____
 Extreme Sports Rider - To purchase this option, please complete the following calculation:
 _____ X _____ X _____ = _____ (F)
 Number of travelers Number Rate from page 9
 Enter (F) in the space below _____

(C) Enter the amount from C _____
 (D) Enter the amount from D to the right of the 1. X 1. _____
 (E) Enter the amount from E _____
 (F) Enter the amount from F _____
 US\$20 optional express mail _____
 TOTAL PREMIUM DUE _____

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