



INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
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www.imglobal.com

As the Plan Administrator for the Patriot Exchange ProgramSM plans, IMG acts as the authorized agent for and on behalf of Sirius International.



Plan Underwriter

These Patriot Exchange Program 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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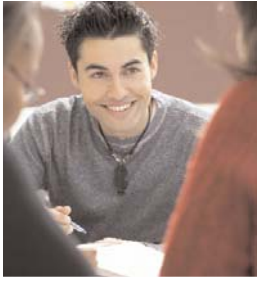


Patriot Exchange ProgramSM

Medical insurance for individuals involved in educational or cultural exchange



Why Consider Travel Insurance?



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

Whether your trip takes you abroad for a few weeks or a year, your cultural exchange experience should be an enjoyable one. You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Exchange ProgramSM plans to provide you and your legal dependents traveling with you Coverage without Boundaries®. Each plan offers a complete package of international benefits available 24 hours a day. Simply select the one that best fits your needs.

Basic Short-Term Travel Plan

The Basic Short-Term Travel Plan is an economical plan designed for a student studying abroad or a participant of a cultural exchange program. The plan may be purchased in monthly increments and can include coverage for the student or participant, his or her spouse and unmarried dependent children traveling with them. 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 24 months. See the "Extension of Coverage" section on page 8 for more information.

Standard Short-Term Travel Plan

The Standard Short-Term Travel Plan is designed to meet the U.S. visa travel insurance requirements for a student studying abroad or a participant of a cultural exchange program. The plan may be purchased in monthly increments and can include coverage for the student or participant, his or her spouse and unmarried dependent children traveling with them. 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 24 months. See the "Extension of Coverage" section on page 8 for more information.



The Experienced Plan Administrator

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 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.

MyIMGSM

With this tool you have the ability to access the information you need to manage your account online 24 hours a day, seven days a week from anywhere in the world. You can check the status of your claims submissions, retrieve explanation of benefits, read announcements, obtain certificate documents, initiate precertification and search for physicians within the First Health Network (PPO) as well as through the International Provider AccessSM (IPA), a database of over 8,600 facilities outside the United States!

Locating a Provider

You may seek treatment with the hospital or doctor of your choice. You are not required to use a preferred provider network. However, if you need assistance in finding a provider in the U.S., you may use the independent Preferred Provider Organization (PPO), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG (all PPO providers are contracted separately through First Health Group Corp.). IMG also provides an online International Provider AccessSM database that can be used to locate health care providers outside the U.S. as needed.

(Note: Use of this service is subject to the terms and conditions specified online. These terms must be agreed to prior to using the service.) You may access these services by visiting the IMG^{GLOBAL}® website, www.imgglobal.com.

Akeso Care Management®

ACM[®] is a URAC accredited health care management company specializing in the complete spectrum of Medical Management Services. ACM offers a unique blend of service components and expertise in cost containment. Rather than work with a third party vendor in dealing with Emergency Medical Evacuation, Precertification, Disease Management, Medical Claims Auditing, Claim Rate Negotiations and Large Case Management, you will work directly with IMG's wholly-owned subsidiary, ACM, and receive the security you need, along with peace of mind.



Schedule of Benefits

Basic Short-Term Travel Plan

PLAN INFORMATION

Plan Maximum	US\$10,000 per illness or injury with a lifetime maximum of US\$500,000
Coinsurance	100%
Deductible	US\$100 per illness or injury
Treatment Period	60 days per chronic illness

MEDICAL BENEFITS

**Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment.*

Hospital Room & Board	Up to semi-private room rate
Hospital Intensive Care	URC*
Physical Therapy	URC*, 1 visit per day
Physician Visit	URC*
Student Health Center	US\$5 co-pay per visit
Eligible Medical Expenses	URC*
Emergency Room	URC*
Emergency Illness- with in-patient admission	URC*
Emergency Illness- without in-patient admission	Additional US\$250 deductible

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Medical Evacuation	US\$25,000 lifetime maximum
Emergency Reunion	US\$5,000 lifetime maximum
Return of Mortal Remains	US\$7,500
Political Evacuation	Up to US\$10,000

This is a summary of benefits only. Please see pages 10-13 for a list of benefit descriptions.

ADDITIONAL BENEFITS

Accidental Death	US\$5,000
Dismemberment	US\$5,000 two limbs; US\$2,500 one limb
Terrorism Coverage	Up to US\$50,000 lifetime maximum
Sudden Recurrence of a Pre-existing Condition (U.S. citizens)	
Medical	Up to US\$5,000 of eligible expenses
Emergency Medical Evacuation	Up to US\$25,000 of eligible costs and expenses

OPTIONAL ADD-ON PLAN

Basic Short-Term Travel Plan

Baggage	
Loss/theft of Baggage	US\$250
Loss/theft of Valuables	US\$250
Loss/theft of Personal Papers	US\$250
Legal Assistance Binder Fee	US\$500 when served with summons
Personal Liability	
Injury to third party	US\$2,000 limit after US\$100 deductible
Damage to third person property	US\$500 limit after US\$100 deductible. Secondary to any other insurance in force
Limited High School Sports Coverage	

This is a summary of benefits only. Please see pages 10-13 for a list of benefit and optional add-on descriptions.

BASIC SHORT-TERM TRAVEL PLAN RATES

US\$500,000 lifetime maximum

Non-U.S. Citizens: Worldwide coverage except home country	Monthly Premium	Monthly Premium w/Optional Add-on Plan
US\$10,000 per illness / injury	US\$25.55	US\$28.10
U.S. Citizens: Worldwide coverage except U.S.	Monthly Premium	Monthly Premium w/Optional Add-on Plan
US\$10,000 per illness / injury	US\$18.95	US\$20.95
Europe to Europe travel only	Monthly Premium	Monthly Premium w/Optional Add-on Plan
US\$10,000 per illness / injury	US\$15.85	US\$17.45

All premium rates are in U.S. dollars and are effective through 5/31/08. Rates include 2.5% surplus lines tax. 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.

Schedule of Benefits

Standard Short-Term Travel Plan

PLAN INFORMATION

Plan Maximum	Choice of US\$50,000, \$250,000 or \$500,000 per illness or injury with a lifetime maximum of US\$500,000
Coinsurance	100%
Deductible	US\$100 per illness or injury
Treatment Period	60 days per chronic illness

MEDICAL BENEFITS

**Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment.*

Hospital Room & Board	Up to semi-private room rate
Hospital Intensive Care	URC*
Physical Therapy	URC*, 1 visit per day
Physician Visit	URC*
Student Health Center	US\$5 co-pay per visit
Eligible Medical Expenses	URC*
Emergency Room	URC*
Emergency Illness- with in-patient admission	URC*
Emergency Illness- without in-patient admission	Additional US\$250 deductible
Dental Injury due to accident	US\$500
Sudden & unexpected pain	US\$350

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Medical Evacuation	US\$50,000
Emergency Reunion	US\$15,000
Return of Mortal Remains	US\$25,000
Political Evacuation	Up to US\$10,000

This is a summary of benefits only. Please see pages 10-13 for a list of benefit descriptions.

ADDITIONAL BENEFITS

Accidental Death	US\$25,000
Dismemberment	US\$25,000 two limbs; US\$12,500 one limb
Terrorism Coverage	Up to US\$50,000 lifetime maximum
Sudden Recurrence of a Pre-existing Condition (U.S. citizens)	
Medical	Up to US\$5,000 of eligible expenses
Emergency Medical Evacuation	Up to US\$25,000 of eligible costs and expenses

OPTIONAL ADD-ON PLAN

Standard Short-Term Travel Plan

Baggage	
Loss/theft of Baggage	US\$250
Loss/theft of Valuables	US\$250
Loss/theft of Personal Papers	US\$250
Legal Assistance Binder Fee	US\$500 when served with summons
Personal Liability Injury to third party	US\$2,000 limit after US\$100 deductible
Damage to third person property	US\$500 limit after US\$100 deductible. Secondary to any other insurance in force
Limited High School Sports Coverage	

This is a summary of benefits only. Please see pages 10-13 for a list of benefit and optional add-on descriptions.

STANDARD SHORT-TERM TRAVEL PLAN RATES

US\$500,000 lifetime maximum

Non-U.S. Citizens: Worldwide coverage except home country	Monthly Premium	Monthly Premium w/Optional Add-on Plan
A. US\$50,000 per illness/injury	US\$41.10	US\$43.15
B. US\$250,000 per illness/injury	US\$51.10	US\$53.65
C. US\$500,000 per illness/injury	US\$53.90	US\$56.55
U.S. Citizens: Worldwide coverage except U.S.	Monthly Premium	Monthly Premium w/Optional Add-on Plan
A. US\$50,000 per illness/injury	US\$30.55	US\$32.05
B. US\$250,000 per illness/injury	US\$37.80	US\$39.65
C. US\$500,000 per illness/injury	US\$40.00	US\$42.00
Europe to Europe travel only	Monthly Premium	Monthly Premium w/Optional Add-on Plan
A. US\$50,000 per illness/injury	US\$25.55	US\$26.85
B. US\$250,000 per illness/injury	US\$31.10	US\$32.65
C. US\$500,000 per illness/injury	US\$33.35	US\$35.00

All premium rates are in U.S. dollars and are effective through 5/31/08. Rates include 2.5% surplus lines tax. 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.

OPTIONAL RIDER

The optional rider is available on all plans and applies to all individuals listed on the Application Form.

Sports Rider

Up to Policy Maximum

This is a summary of the optional rider benefit only. Please see page 13 for the optional rider description.

UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

This is a discount savings program available to every certificate holder of the Patriot Exchange Program plans. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price.

This *discount program* is not insurance coverage. It is purely a discount program to purchasers of the Patriot Exchange Program plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

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. The request must be received by IMG prior to the effective date of coverage.

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 Exchange Program 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.
6. Claims must be presented to IMG for payment within the Period of Coverage or during the three months immediately following the Period of Coverage.

ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in a Patriot Exchange Program plan.

- The member must be actively engaged or participating in an educational or cultural exchange program in the country of assignment through a sponsoring organization or school.
- The member and his/her traveling dependents must have legally departed the Home Country and entered the Host Country and must not be a citizen of the Host Country.

EXTENSION OF COVERAGE

If the Short-Term plans are purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. Renewals may be completed by using a paper application.

ENROLLMENT PROCESS - HOW TO ENROLL

Short-Term Travel Plans - Before you begin traveling, simply fill out the Application Form and calculate the premium for the time period you and your family will be traveling. Once the Application Form is completed, 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; 2) the date you depart from your country of citizenship; or 3) the date requested on the Application Form.

Patriot Exchange Program 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 you return to your country of residence.

ENROLLMENT PROCESSING - FULFILLMENT KITS

Short-Term Travel Plans - 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 your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

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 repatriation, please call: IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

Note: 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 48 business hours. 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 Exchange Program are subject to the provisions described in this brochure and as contained in the Certificate 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: 1.317.655.4505 or email: insurance@imglobal.com.



EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident.

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.

DENTAL:

Injury due to an accident - The Standard Short-Term Travel Plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident.

Sudden dental pain - The Standard Short-Term Travel Plan will pay for the necessary treatment of sudden, unexpected pain to sound natural teeth.

EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE:

1. All Conditions and Exclusions apply to these coverages.
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 to be eligible for coverage.



EMERGENCY EVACUATION:

Each plan includes coverage for emergency medical evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred.

EMERGENCY REUNION:

Each plan provides emergency reunion coverage 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 home country to be reunited with the insured. The coverage also includes a round trip air ticket for a relative if the member is hospitalized for seven days or longer.



RETURN OF MORTAL REMAINS:

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered.

POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs issues a mandatory evacuation order of the host country that becomes effective on or after the insured person's date of arrival in the host country, the Company will pay up to US\$10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that:

1. The Insured Person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs issues the evacuation order;
2. Political Evacuation and Repatriation is approved and coordinated by the Company.

ACCIDENTAL DEATH AND DISMEMBERMENT:

Each plan includes a 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 - principal sum. "*Member*" means hand, foot or eye.

TERRORISM:

Each 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 for eligible medical claims. 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.

LOST LUGGAGE:

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.



SUDDEN RECURRENCE OF A PRE-EXISTING CONDITION (U.S. CITIZENS ONLY):

Up to US\$5,000 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. In addition, up to US\$25,000 will be paid for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a Pre-existing Condition. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 14.

DESCRIPTION OF OPTIONAL RIDER

SPORTS RIDER:

The Sports Rider adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing.



EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under the Patriot Exchange Program 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. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
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).
22. Charges for Treatment of a Chronic Illness incurred beyond sixty (60) days from the date of initial Treatment thereof.

This brochure contains only a consolidated and summary description of all current Patriot Exchange Program benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG reserves the right to issue the most current Certificate 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 Certificate Wordings are available upon request.



KEY IMG SERVICES AND THE BENEFITS PROVIDED TO YOU

U.S.-based administration & European Service Center:

Fast, efficient services and availability when and where you need it

On-site executive Medical Director/physician and registered nurses:

Provides 24 hour access to highly qualified coordinators of emergency medical services and international treatment

Multilingual claims adjudication and customer service:

Ability to submit claims from any country and communicate without language barriers

Verification of benefits and claim status inquiries available by phone, fax, internet and email:

Convenient contact with IMG at anytime from anywhere to reduce your worries during treatment and recovery

International currency conversions and claim reimbursements via check, direct deposit and electronic transfer:

Helps eliminate costly conversion fees and provide expedient receipt of funds

MyIMGSM:

Provides you with 24 hour secure access from anywhere in the world and the ability to manage your account at anytime for true Global Peace of Mind[®]

IMG IS YOUR COMPLETE SOURCE FOR INTERNATIONAL MEDICAL COVERAGE

Short-term Travel Plans:

Patriot Travel Medical Insurance®
Patriot Group Travel Medical Insurance®
Patriot Executive®, Patriot Executive Group
Patriot Exchange ProgramSM
Patriot Group Exchange ProgramSM

Long-term Travel Plans:

Global Medical Insurance®

Employer Plans:

GEOSM Group
Global Educators Medical (GEMSM)

Mission Plans:

Global Mission Medical InsuranceSM
Global Mission Basic®
Outreach Travel Medical InsuranceSM
MP+InternationalSM

Marine Plans:

Global Crew Medical Insurance®
International Marine Medical InsuranceSM

Specialty Plans:

Patriot Extreme®, Sky RescueSM

**IMG recommends trip cancellation programs
from iTravelInsured® through membership
in National Small Business Travel & Health
Association (NSBTHA):**

Patriot T.R.I.P. "Lite"SM, Patriot T.R.I.P.SM
Patriot StudentSM T.R.I.P., Patriot T.R.I.P. EliteSM

Patriot Exchange Program Short-Term Travel Application

To Apply

1. Complete this entire Application Form.
2. If paying by check or money order, please make payable to IMG and enclose in envelope with signed Application Form.
3. Mail or fax completed Application Form to:
International Medical Group, Inc.
P.O. Box 88509, Indianapolis, Indiana 46208-0509 USA
Fax 1.317.655.4505.

Please Print:

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

Last: _____

First: _____ Middle: _____

Home Country: _____

Send Confirmation of Coverage to the following:

Residence address, if different: _____

Phone: _____

Requested effective date of coverage: _____

Passport, SSN, or Driver's License number: _____

Applicant's Beneficiary: _____

Beneficiary's Relationship to Applicant: _____

Applicant's Insurance Carrier & Policy Number: _____

Individual to notify in case of emergency: _____

Phone number: _____

Applicant will be the beneficiary for spouse and dependent children.

Selling Producer Use Only	
Producer# 186284	GA# _____
Name International Services Inc.	
Address #756, 1655 N. Fort Myer Drive - Ste 700	
City Arlington	Phone: 877-593-5403
State VA	Zip Code 22209

0607

1. Select the coverage plan and plan option (if applicable).

Non-U.S. citizens - Worldwide coverage except home country

- Basic Plan
 Standard Plan: Option Letter: A__ B__ C__

U.S. citizens - Worldwide coverage except U.S.

- Basic Plan
 Standard Plan: Option Letter: A__ B__ C__

Europe to Europe travel only

- Basic Plan
 Standard Plan: Option Letter: A__ B__ C__

Check here if you would like the optional add-on plan

2. Names of individuals to be covered under the certificate:

Insured Name(s)	Date of Birth	Monthly Premium/ Premium w/ optional add-on plan
Insured _____	_____	_____
Spouse _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____

Subtotal A

$$3. \quad \text{Subtotal A} \times \text{\# of Months} = \text{Total (A)}$$

4. Premium calculation

(A) Monthly premium total (from Total (A) in Section 3)	X	Multiply by 1.20 only if you elect the Sports Rider	=	Total Premium	+	US\$20 optional express mail	=	TOTAL AMOUNT DUE
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Payment Method Check (To IMG) Money Order (To IMG) Wire

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 _____

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 Exchange Program 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 as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (iii) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) by submission of this application and/or any future claim for benefits I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its 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 that they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) I am (we are) currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as 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.

Signature_____

Date_____ Phone_____