



Plan Underwriter

Sirius International Insurance Corporation (publ), the underwriter of Visitors Medical Protection™, offers the financial strength and reputation demanded by experienced international consumers. Sirius International is rated A by A.M. Best and A- by Standard and Poor's for financial strength. Sirius International is a White Mountains Re company.



Plan Administrator

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the security you need no matter where you are. Our goal is to make the medical process smooth and efficient. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel needs.

How we service and support your needs is what sets us apart. Since 1990, we've served more than a million people around the globe - always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

FOR ADDITIONAL INFORMATION PLEASE CONTACT:



425 Huehl Road, Suite 22-A, Northbrook, IL 60062
1-847-897-5120 in IL 1-800-344-9540 Out of IL
E-MAIL: INFO@CIAINSAGENCY.COM
WWW.VISITORSINSURANCE.COM

ENROLLING

If paying by check or money order, please make it payable to IMG and mail your completed application to the following address. If paying by credit card, please mail or fax the application to:

Community Insurance Agency™, Inc.
425 Huehl Road, Suite 22-A, Northbrook, IL 60062
FAX: 1-847-897-5130

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**Visitors
Medical
Protection™**

Travel Medical Insurance for
Foreign Nationals Traveling Worldwide

Administered by International Medical Group®, Inc. and
underwritten by Sirius International Insurance Corporation

PROGRAM EXCLUSIVELY DESIGNED FOR



425 Huehl Road, Suite 22-A • Northbrook, IL 60062
1-847-897-5120 in Illinois
1-800-344-9540 Outside of Illinois
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Traveling throughout the world can be exciting. But what would happen if you or a member of your family becomes ill or is injured during your journeys? Many travelers are concerned about the potential out-of-pocket expenses that could result. That is why you need international medical insurance to protect your family and yourself.

Community Insurance Agency™, Inc., in conjunction with the underwriting company Sirius International Insurance Corporation (publ) (the Company), acting by and through its managing general underwriter and the plan administrator, International Medical Group®, Inc. (IMG®), has designed Visitors Medical Protection™ (VMP™) (the Plan). **This is a worldwide coverage excluding country of citizenship.**

This brochure provides a brief description of the plan, and is subject to the complete terms and conditions of the certificate of coverage which will be mailed to you after your application has been accepted by the Company. All coverages, benefits, and premiums listed in this brochure are in US dollar amounts.

ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in Visitors Medical Protection™.

- If visiting the US, your initial Period of Coverage must begin within 90 days of arrival in the US. Please attach a copy of your Visitor's Visa to the Application Form. 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 US at the time of application, please indicate your expected date of arrival on your Application Form.
- This insurance is not available to non-US citizens who are located in New York or California at the time of application. However, this restriction will not apply when the Effective Date coincides with or is subsequent to the applicant's departure date.
- If visiting the US, the Plan provides benefits to foreign nationals, including international visitors, temporary residents or green card holders, subject to the terms and conditions of the certificate of coverage.

PERIOD OF COVERAGE

Effective date - 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 your Application Form.

Expiration date - 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 country of residence (however, see Home Country Coverage for incidental coverage).

This plan must be purchased for a minimum of 10 days. If the initial purchase is for three months or more, the plan is renewable (without break in coverage) in one month increments up to a maximum total of 24 continuous months. However, any one certificate period may not exceed 12 months. For each renewal, you will be charged a fee of US\$5 in addition to the premium costs. An insured person must satisfy only one deductible and coinsurance within each yearly coverage period.

After 24 months of continuous coverage, Visitors Medical Protection™ can be rewritten for succeeding or subsequent periods. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions will apply and a new application must also be completed.

SCHEDULE OF BENEFITS

Deductible – Your choice of US\$100, \$250, \$500, \$1,000 or \$2,500 deductible per insured person, per coverage period.

Coinsurance - (See **Locating a Provider** on last page of brochure)

Plan A in PPO Network: Pays 90% of eligible expenses up to the Maximum Limit.

Plan A out of PPO Network: Pays 70% of eligible expenses up to the Maximum Limit.

Plan B in PPO Network: Pays 100% of eligible expenses up to the Maximum Limit.

Plan B out of PPO Network: Pays 70% of the next US\$5,000 then 100% of eligible expenses up to the Maximum Limit.

Benefit Period – 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 Maximum Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

Period of Coverage – Minimum 10 days and maximum 12 consecutive months for any one policy period.

Emergency Evacuation – Up to US\$25,000 when coordinated through the Plan Administrator. This 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 country of residence or the country where the evacuation occurred, up to US\$25,000.

Repatriation – Up to US\$20,000 per adult, US\$5,000 per child when coordinated through the Plan Administrator. If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the country of residence will be covered up to a maximum of US\$20,000 per adult and US\$5,000 per child.

Emergency Reunion – Up to US\$15,000 when coordinated through the Plan Administrator. This Plan provides emergency reunion coverage, up to US\$15,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the country of residence to be reunited with the insured.

Local Ambulance – To Maximum Limit.

Accidental Death and Dismemberment – US\$25,000 principal sum. The 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 additional information please see the Conditions of Coverage section.

Hospital Room and Board – Average semi-private room rate up to the Maximum Limit.

Intensive Care - Two times the average semi-private room rate up to the Maximum Limit.

Medical Expenses – Usual, reasonable and customary up to the Maximum Limit.

Outpatient Medical – Usual, reasonable and customary up to the Maximum Limit.

Emergency Room – Charges incurred for the use of the Emergency Room due to an accident are covered up to the Maximum Limit. Charges incurred for the use of the Emergency Room for the 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 Plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident up to the Maximum Limit. **Sudden dental pain:** The Plan will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

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

Special Coverages

Incidental Home Country Coverage - During the Period of Coverage an insured person may return to his/her country of residence for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their country of residence, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the country of residence 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 - To US\$5,000. If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, the Plan will pay to return the insured to the area of principal residence. The Plan will pay for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

Lost Luggage - To US\$50 per item of personal property; maximum of US\$250 per Period of Coverage. This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

Common Carrier Accidental Death - US\$50,000 to Beneficiary; maximum of US\$250,000 per family. If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family.

Sports & Activities Coverage - To Maximum Limit for basic sports as described here: The 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 white-water rafting.

EXCLUSIONS

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

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. **Veneral 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 VMP™ 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.

PLAN A

VMP™ MONTHLY RATES - 90% / 10% IN PPO NETWORK
up to Maximum Limit after deductible met (Options 1,2,3,4)
(70% / 30% out of PPO Network)

| O P T I O N | US\$25,000 Maximum Limit | | | | | |
|----------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 1 | Under 18 | \$23 | \$21 | \$19 | \$17 | \$14 |
| | 18 - 29 | \$36 | \$33 | \$30 | \$26 | \$23 |
| | 30 - 39 | \$46 | \$42 | \$38 | \$34 | \$30 |
| | 40 - 49 | \$71 | \$65 | \$57 | \$52 | \$46 |
| | 50 - 59 | \$101 | \$92 | \$84 | \$73 | \$65 |
| | 60 - 64 | \$127 | \$116 | \$106 | \$94 | \$81 |
| | 65 - 69 | \$146 | \$133 | \$120 | \$107 | \$94 |
| | 70 - 79 | \$196 | \$178 | \$159 | \$143 | \$124 |
| | 80+* | \$371 | \$337 | \$305 | \$269 | \$237 |

*\$15,000 maximum limit

| O P T I O N | US\$50,000 Maximum Limit | | | | | |
|----------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 2 | Under 18 | \$25 | \$23 | \$21 | \$19 | \$15 |
| | 18 - 29 | \$40 | \$36 | \$33 | \$29 | \$25 |
| | 30 - 39 | \$51 | \$46 | \$42 | \$37 | \$33 |
| | 40 - 49 | \$78 | \$71 | \$63 | \$57 | \$50 |
| | 50 - 59 | \$111 | \$101 | \$92 | \$80 | \$71 |
| | 60 - 64 | \$140 | \$127 | \$116 | \$103 | \$89 |
| | 65 - 69 | \$161 | \$146 | \$132 | \$118 | \$103 |
| | 70 - 79 | \$215 | \$196 | \$175 | \$157 | \$136 |

| O P T I O N | US\$100,000 Maximum Limit | | | | | |
|----------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 3 | Under 18 | \$29 | \$26 | \$24 | \$22 | \$18 |
| | 18 - 29 | \$46 | \$42 | \$38 | \$34 | \$30 |
| | 30 - 39 | \$62 | \$56 | \$50 | \$44 | \$40 |
| | 40 - 49 | \$88 | \$80 | \$72 | \$64 | \$56 |
| | 50 - 59 | \$136 | \$124 | \$112 | \$100 | \$86 |
| | 60 - 64 | \$174 | \$158 | \$143 | \$126 | \$110 |
| | 65 - 69 | \$210 | \$190 | \$171 | \$152 | \$134 |

| O P T I O N | US\$250,000 Maximum Limit | | | | | |
|----------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 4 | Under 18 | \$33 | \$30 | \$28 | \$24 | \$20 |
| | 18 - 29 | \$64 | \$58 | \$52 | \$46 | \$40 |
| | 30 - 39 | \$79 | \$72 | \$66 | \$58 | \$50 |
| | 40 - 49 | \$117 | \$106 | \$94 | \$84 | \$74 |
| | 50 - 59 | \$183 | \$166 | \$150 | \$132 | \$116 |
| | 60 - 64 | \$231 | \$210 | \$190 | \$169 | \$147 |
| | 65 - 69 | \$269 | \$244 | \$221 | \$195 | \$171 |

PLAN A

VMP™ DAILY RATES (10 day minimum) - 90% / 10% IN PPO NETWORK
up to Maximum Limit after deductible met (Options 1,2,3,4)
(70% / 30% out of PPO Network)

| O P T I O N | US\$25,000 Maximum Limit | | | | | |
|----------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 1 | Under 18 | \$.77 | \$.70 | \$.64 | \$.58 | \$.46 |
| | 18 - 29 | \$1.20 | \$1.09 | \$1.00 | \$.88 | \$.76 |
| | 30 - 39 | \$1.53 | \$1.40 | \$1.27 | \$1.12 | \$1.00 |
| | 40 - 49 | \$2.37 | \$2.15 | \$1.91 | \$1.73 | \$1.52 |
| | 50 - 59 | \$3.37 | \$3.06 | \$2.79 | \$2.43 | \$2.15 |
| | 60 - 64 | \$4.24 | \$3.85 | \$3.52 | \$3.12 | \$2.70 |
| | 65 - 69 | \$4.87 | \$4.43 | \$4.00 | \$3.58 | \$3.12 |
| | 70 - 79 | \$6.54 | \$5.95 | \$5.31 | \$4.76 | \$4.13 |
| | 80+* | \$12.37 | \$11.23 | \$10.17 | \$8.97 | \$7.90 |

*\$15,000 maximum limit

| O P T I O N | US\$50,000 Maximum Limit | | | | | |
|----------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 2 | Under 18 | \$.84 | \$.77 | \$.70 | \$.63 | \$.50 |
| | 18 - 29 | \$1.32 | \$1.20 | \$1.10 | \$.97 | \$.83 |
| | 30 - 39 | \$1.69 | \$1.53 | \$1.40 | \$1.23 | \$1.10 |
| | 40 - 49 | \$2.60 | \$2.37 | \$2.10 | \$1.90 | \$1.67 |
| | 50 - 59 | \$3.70 | \$3.37 | \$3.07 | \$2.67 | \$2.37 |
| | 60 - 64 | \$4.66 | \$4.23 | \$3.87 | \$3.43 | \$2.97 |
| | 65 - 69 | \$5.37 | \$4.87 | \$4.40 | \$3.93 | \$3.43 |
| | 70 - 79 | \$7.17 | \$6.53 | \$5.83 | \$5.23 | \$4.53 |

| O P T I O N | US\$100,000 Maximum Limit | | | | | |
|----------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 3 | Under 18 | \$.95 | \$.87 | \$.80 | \$.73 | \$.60 |
| | 18 - 29 | \$1.54 | \$1.40 | \$1.27 | \$1.13 | \$1.00 |
| | 30 - 39 | \$2.05 | \$1.87 | \$1.67 | \$1.47 | \$1.33 |
| | 40 - 49 | \$2.93 | \$2.67 | \$2.40 | \$2.13 | \$1.87 |
| | 50 - 59 | \$4.55 | \$4.13 | \$3.73 | \$3.33 | \$2.87 |
| | 60 - 64 | \$5.80 | \$5.27 | \$4.77 | \$4.20 | \$3.67 |
| | 65 - 69 | \$7.00 | \$6.33 | \$5.70 | \$5.07 | \$4.47 |

| O P T I O N | US\$250,000 Maximum Limit | | | | | |
|----------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| 4 | Under 18 | \$1.10 | \$1.00 | \$.93 | \$.80 | \$.67 |
| | 18 - 29 | \$2.13 | \$1.93 | \$1.73 | \$1.53 | \$1.33 |
| | 30 - 39 | \$2.64 | \$2.40 | \$2.20 | \$1.93 | \$1.67 |
| | 40 - 49 | \$3.89 | \$3.53 | \$3.13 | \$2.80 | \$2.47 |
| | 50 - 59 | \$6.09 | \$5.53 | \$5.00 | \$4.40 | \$3.87 |
| | 60 - 64 | \$7.70 | \$7.00 | \$6.33 | \$5.63 | \$4.90 |
| | 65 - 69 | \$8.97 | \$8.13 | \$7.37 | \$6.50 | \$5.70 |

PLAN B

VMP™ MONTHLY RATES - 100% IN PPO NETWORK
up to Maximum Limit after deductible met (Options 5,6,7,8)
(70% / 30% out of PPO Network)

| O P T I O N 5 | US\$25,000 Maximum Limit | | | | | |
|-------------------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$30 | \$27 | \$25 | \$22 | \$19 | |
| 18-29 | \$46 | \$42 | \$38 | \$33 | \$29 | |
| 30-39 | \$59 | \$54 | \$48 | \$43 | \$38 | |
| 40-49 | \$90 | \$82 | \$74 | \$66 | \$57 | |
| 50-59 | \$129 | \$117 | \$106 | \$94 | \$82 | |
| 60-64 | \$163 | \$148 | \$133 | \$119 | \$104 | |
| 65-69 | \$186 | \$169 | \$152 | \$135 | \$118 | |
| 70-79 | \$252 | \$229 | \$206 | \$183 | \$161 | |
| 80+* | \$480 | \$436 | \$392 | \$349 | \$305 | |

*\$15,000 maximum limit

| O P T I O N 6 | US\$50,000 Maximum Limit | | | | | |
|-------------------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$33 | \$30 | \$27 | \$24 | \$21 | |
| 18-29 | \$51 | \$46 | \$41 | \$37 | \$32 | |
| 30-39 | \$65 | \$59 | \$53 | \$47 | \$41 | |
| 40-49 | \$99 | \$90 | \$81 | \$72 | \$63 | |
| 50-59 | \$142 | \$129 | \$116 | \$103 | \$90 | |
| 60-64 | \$179 | \$163 | \$147 | \$130 | \$114 | |
| 65-69 | \$205 | \$186 | \$167 | \$149 | \$130 | |
| 70-79 | \$277 | \$252 | \$227 | \$202 | \$176 | |

| O P T I O N 7 | US\$100,000 Maximum Limit | | | | | |
|-------------------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$36 | \$33 | \$30 | \$26 | \$23 | |
| 18-29 | \$58 | \$53 | \$48 | \$42 | \$37 | |
| 30-39 | \$76 | \$69 | \$62 | \$55 | \$48 | |
| 40-49 | \$111 | \$101 | \$91 | \$81 | \$71 | |
| 50-59 | \$172 | \$156 | \$140 | \$125 | \$109 | |
| 60-64 | \$218 | \$198 | \$178 | \$158 | \$139 | |
| 65-69 | \$262 | \$238 | \$214 | \$190 | \$167 | |

| O P T I O N 8 | US\$250,000 Maximum Limit | | | | | |
|-------------------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$43 | \$39 | \$35 | \$31 | \$27 | |
| 18-29 | \$80 | \$73 | \$66 | \$58 | \$51 | |
| 30-39 | \$101 | \$92 | \$83 | \$74 | \$64 | |
| 40-49 | \$147 | \$134 | \$121 | \$107 | \$94 | |
| 50-59 | \$232 | \$211 | \$190 | \$169 | \$148 | |
| 60-64 | \$295 | \$268 | \$241 | \$214 | \$188 | |
| 65-69 | \$344 | \$313 | \$282 | \$250 | \$219 | |

PLAN B

VMP™ DAILY RATES (10 day minimum) - 100% IN PPO NETWORK
up to Maximum Limit after deductible met (Options 5,6,7,8)
(70% / 30% out of PPO Network)

| O P T I O N 5 | US\$25,000 Maximum Limit | | | | | |
|-------------------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$1.00 | \$0.91 | \$0.82 | \$0.73 | \$0.64 | |
| 18-29 | \$1.53 | \$1.40 | \$1.26 | \$1.12 | \$0.98 | |
| 30-39 | \$1.97 | \$1.79 | \$1.61 | \$1.43 | \$1.25 | |
| 40-49 | \$3.00 | \$2.73 | \$2.46 | \$2.18 | \$1.91 | |
| 50-59 | \$4.30 | \$3.91 | \$3.52 | \$3.13 | \$2.74 | |
| 60-64 | \$5.44 | \$4.94 | \$4.45 | \$3.96 | \$3.46 | |
| 65-69 | \$6.21 | \$5.64 | \$5.08 | \$4.51 | \$3.95 | |
| 70-79 | \$8.41 | \$7.64 | \$6.88 | \$6.12 | \$5.35 | |
| 80+* | \$16.00 | \$14.53 | \$13.08 | \$11.63 | \$10.17 | |

*US\$15,000 maximum limit

| O P T I O N 6 | US\$50,000 Maximum Limit | | | | | |
|-------------------------------------|--------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$1.10 | \$1.00 | \$0.90 | \$0.80 | \$0.70 | |
| 18-29 | \$1.69 | \$1.53 | \$1.38 | \$1.23 | \$1.07 | |
| 30-39 | \$2.16 | \$1.97 | \$1.77 | \$1.57 | \$1.38 | |
| 40-49 | \$3.30 | \$3.00 | \$2.70 | \$2.40 | \$2.10 | |
| 50-59 | \$4.73 | \$4.30 | \$3.87 | \$3.44 | \$3.01 | |
| 60-64 | \$5.98 | \$5.43 | \$4.89 | \$4.35 | \$3.80 | |
| 65-69 | \$6.82 | \$6.20 | \$5.58 | \$4.96 | \$4.34 | |
| 70-79 | \$9.24 | \$8.40 | \$7.56 | \$6.72 | \$5.88 | |

| O P T I O N 7 | US\$100,000 Maximum Limit | | | | | |
|-------------------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$1.21 | \$1.10 | \$0.99 | \$0.88 | \$0.77 | |
| 18-29 | \$1.94 | \$1.77 | \$1.59 | \$1.41 | \$1.24 | |
| 30-39 | \$2.53 | \$2.30 | \$2.07 | \$1.84 | \$1.61 | |
| 40-49 | \$3.70 | \$3.37 | \$3.03 | \$2.69 | \$2.36 | |
| 50-59 | \$5.72 | \$5.20 | \$4.68 | \$4.16 | \$3.64 | |
| 60-64 | \$7.26 | \$6.60 | \$5.94 | \$5.28 | \$4.62 | |
| 65-69 | \$8.73 | \$7.93 | \$7.14 | \$6.35 | \$5.55 | |

| O P T I O N 8 | US\$250,000 Maximum Limit | | | | | |
|-------------------------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | <u>Deductible</u> | <u>US\$100</u> | <u>US\$250</u> | <u>US\$500</u> | <u>US\$1,000</u> | <u>US\$2,500</u> |
| Under 18 | \$1.43 | \$1.30 | \$1.17 | \$1.04 | \$0.91 | |
| 18-29 | \$2.68 | \$2.43 | \$2.19 | \$1.95 | \$1.70 | |
| 30-39 | \$3.37 | \$3.07 | \$2.76 | \$2.45 | \$2.15 | |
| 40-49 | \$4.91 | \$4.47 | \$4.02 | \$3.57 | \$3.13 | |
| 50-59 | \$7.74 | \$7.03 | \$6.33 | \$5.63 | \$4.92 | |
| 60-64 | \$9.83 | \$8.93 | \$8.04 | \$7.15 | \$6.25 | |
| 65-69 | \$11.48 | \$10.43 | \$9.39 | \$8.35 | \$7.30 | |

| | | |
|-----------------------------|------------|-------|
| OFFICE USE ONLY: VMP™ CERT. | | |
| EFFECTIVE DATE | PRODUCER # | 18490 |

APPLICANT INFORMATION

Address in the Home Country:
 Applicant's Last Name _____
 First _____ Initial _____
 Home Country Address _____
 City/State _____
 Postal Code _____ Country _____
 Passport Number _____
 Passport From (Country) _____
 Country of Citizenship _____
 Date of Departure from Home Country _____
 Destination Country(ies) _____

Beneficiary* (for AD&D coverage) _____
 *The applicant will be the beneficiary for your spouse & dependent children

Relationship _____

Please complete if applicable. See Eligibility Requirements for more information.
 Current Carrier _____
 Date of arrival in the US _____ OR _____
 Expiration date of current coverage _____

I will use the Online Fulfillment Kit Option (must supply e-mail address) OR Send confirmation of coverage and fulfillment kit to:

Name _____
 Address _____
 City/State _____ Postal Code _____
 Work Phone _____ Home Phone _____
 E-mail address _____

If the address above is in Florida, is the applicant currently located in Florida? Yes No (Determines applicable surplus lines tax and will not affect coverage)

Requested effective date: ____/____/____
 Period of Coverage: ____/____/____ to ____/____/____

Minimum period of coverage is 10 days and the maximum is 12 consecutive months for any one certificate period

Calculating Your Premiums & Payment

Select your coverage, plan & deductible (Please check one box each)

\$25,000 Coverage \$50,000 Coverage
 \$100,000 Coverage \$250,000 Coverage

Plan A: 90/10% in PPO network up to the Maximum Limit, or 70/30% out of PPO network up to the Maximum Limit

Plan B: 100% in PPO network up to the Maximum Limit, or 70/30% out of PPO network to \$5,000 then 100% to the Maximum Limit

Deductible \$100 \$250 \$500 \$1,000 \$2,500

Check here for Home Country Coverage (HCC) (see page 3 for details)

Name of the person to be insured: _____ **Date of Birth** _____
MONTH/DAY/YEAR

Applicant _____ / ____/____
 Spouse _____ / ____/____
 Child _____ / ____/____
 Child _____ / ____/____

| | # of months | # of months HCC | Monthly Rate | Daily Rate | # of days |
|-----------|---------------|-----------------|-----------------|---|-----------|
| Applicant | _____ + _____ | _____ x _____ | = _____ | _____ X _____ | = _____ |
| Spouse | _____ + _____ | _____ x _____ | = _____ | _____ X _____ | = _____ |
| Child | _____ + _____ | _____ x _____ | = _____ | _____ X _____ | = _____ |
| Child | _____ + _____ | _____ x _____ | = _____ | _____ X _____ | = _____ |
| | | | Total (A) | | Total (B) |
| (A) | + | (B) | = _____ X _____ | Multiply by 1.20 only for Optional Sports Rider | |
| | | | | Total Premium | |

Payment must be made for the total amount of time you want coverage. Refund of premium will be made only if a written request is received by IMG prior to the effective date of coverage. After the effective date, the premium is fully earned and non refundable. All payments must be made in US dollars and drawn on US banks. 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.

Payment Method:

Check (To IMG) Wire Money Order (To IMG) MasterCard Visa
 American Express Discover JCB eCheck (ACH) available online

Card # _____ Exp. _____
 Name on card _____

Signature _____

SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, for Visitors Medical Protection™ 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 OF APPLICANT OR PROXY DATE

PREMIUM RATES

All premium rates are in US dollars and are effective through 12/31/11. Rates include 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.

SPORTS RIDER

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

UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

This is a discount savings program available to every certificate holder of the VMP™ 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 VMP™ 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. 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.

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%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, 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 through MyIMG or the Client Resources section of our website, www.imglobal.com. Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within two 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.

LOCATING A PROVIDER

With VMP™ you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent PPO, a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG.

IMG also provides its International Provider Access (IPA) database online 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 IMGGLOBAL® website, www.imglobal.com.)

CLAIM PAYMENT

All benefits payable under VMP™ 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 by check directly to the Insured Person.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be paid 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 VMP™ 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.

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.

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 your insurance certificate providing a complete description of your rights and benefits under the contract.

ONLINE FULFILLMENT KIT

For your convenience, 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 easily obtain the fulfillment information through the Internet.