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INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
P.O. Box 88509
2960 North Meridian Street
Indianapolis, IN 46208-0509 USA
For marketing questions, please call 1.866.368.3724
For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500
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Email: insurance@imglobal.com
www.imglobal.com

As the Plan Administrator for Sky Rescue℠, IMG acts as the authorized agent for and on behalf of Sirius International.

Sirius International

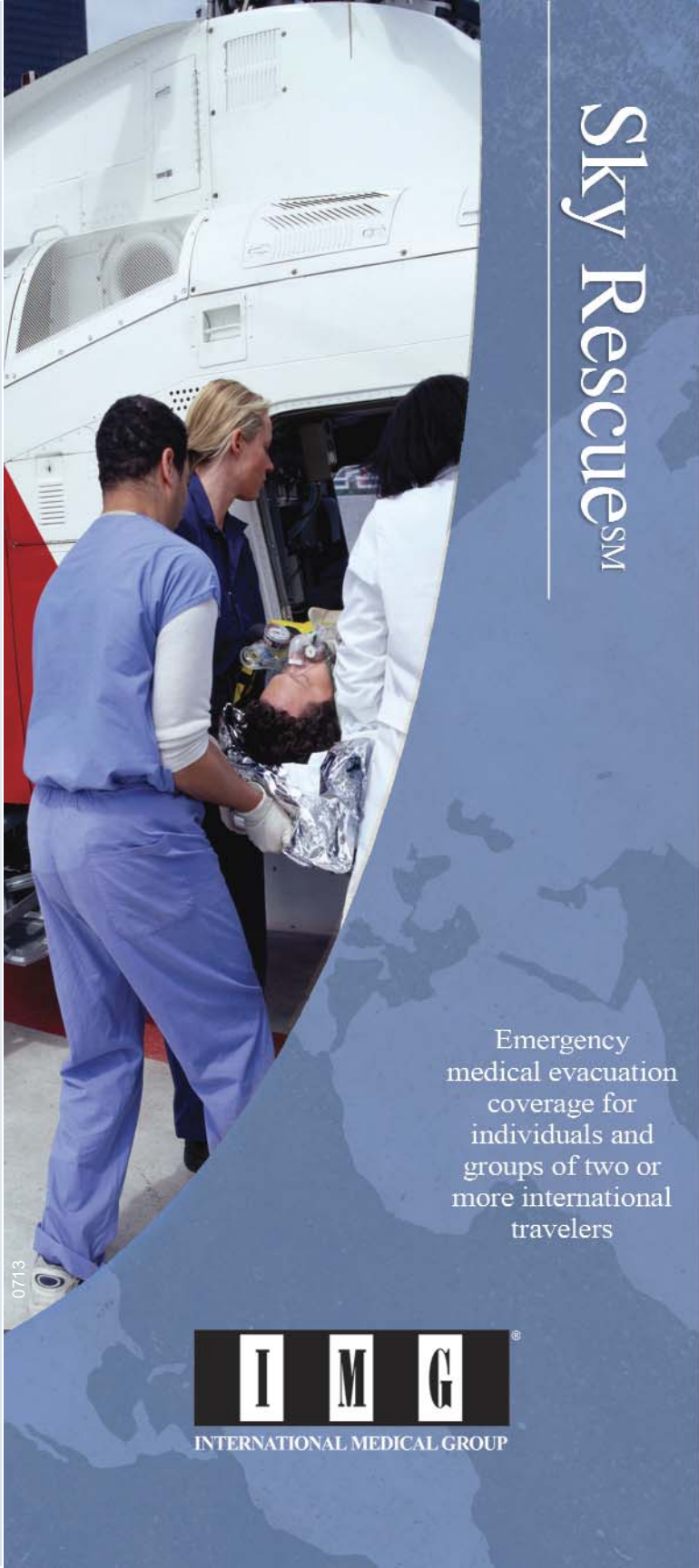
Plan Underwriter

Sky Rescue is a surplus lines product 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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Updated 0713



Sky Rescue℠

Emergency medical evacuation coverage for individuals and groups of two or more international travelers

0713

INTERNATIONAL MEDICAL GROUP

Why Consider International Travel Medical Insurance?



When you and your family are traveling abroad, probably the last thing on your mind is your health insurance. But what would happen if you or one of your family members became ill or injured while away from home and the treatment you need isn't available nearby?

Most travelers assume that their standard medical plan will cover the services necessary to get you to the nearest medical facility. The truth is, while traditional plans may offer adequate domestic coverage, they are not designed to provide this expensive service internationally.

What would you do if you needed to be evacuated to a qualified medical facility? How would you deal with the language and currency barriers? Who do you call? Imagine trying to call your insurance company or plan administrator at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

International Medical Group® (IMG®) has developed Sky Rescue℠ to provide you, your family or group members Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical coverage.

Why Sky Rescue℠

The Sky Rescue plan provides scheduled coverage for individuals and groups of two or more under the age of 65 traveling outside their home country for a minimum of three months. The plan may be purchased for three months, six months or 12 months in accordance with the terms of the Certificate of Insurance.

Additionally, the plan offers excellent benefits and services to meet your travel needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment.

A Unique, Full-Service Approach

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 assistance you need no matter where you are. Our goal is to provide you Coverage Without Boundaries. 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 travel medical insurance needs.

Our service and support 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 there with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

PLAN INFORMATION & HIGHLIGHTS

Deductible	No deductible except for the Personal Liability Coverage
Coinsurance	No Coinsurance
My*IMG*℠	24 hour secure access from anywhere in the world to manage your account at anytime
Emergency Travel Assistance Services	A complete arrangement of emergency travel assistance services including lost passport assistance, emergency prescription replacement, legal referrals and more
International Emergency Care	A wide range of international emergency benefits available including emergency evacuation, emergency reunion, return of mortal remains, return of minor children and more

SCHEDULE OF BENEFITS

All coverages, benefits and premium amounts shown in this booklet are in U.S. dollars.

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator.

Emergency Evacuation	Up to $100,000
Emergency Reunion	Up to $15,000
Return of Mortal Remains or Cremation/ Burial	Up to $20,000 for Return of Mortal Remains or $5,000 for Cremation/Burial
Return of Minor Children	Up to $5,000
Political Evacuation	Up to $10,000

ADDITIONAL BENEFITS

Accidental Death & Dismemberment	Up to $100,000
Sudden and Unexpected Recurrence of a Pre-existing Condition - Emergency Medical Evacuation	Up to $25,000 of eligible costs and expenses
Personal Liability	
Injury to a Third Person	Up to $2,000 maximum after $100 deductible
Injury to Third Person's Property	Up to $500 maximum after $100 deductible
Trip Interruption	Up to $5,000
Lost Luggage	Up to $50 per item of personal property; maximum of $250

OPTIONAL COVERAGE

Enhanced Accidental Death and Dismemberment	Available for the primary insured only; see page 4 for more details and rates

This is a summary of benefits only.
Please see pages 7-8 for a list of benefit descriptions.

EMERGENCY TRAVEL ASSISTANCE SERVICES

The following services are available to you as part of Sky Rescue

Emergency Travel Arrangements
Lost Passport/Travel Documents Assistance
Lost Luggage Assistance
Embassy or Consulate Referral
Emergency Message Relay
Emergency Prescription Replacement
Medical Referral
24-Hour Medical Monitoring
Emergency Cash Transfer
Legal Referral
Emergency Translations

This is a summary of emergency travel assistance services only.
Please see page 9 for a list of service descriptions.

SKY RESCUE STANDARD COVERAGE RATES

	3 months	6 months	12 months
Single	$76	$95	$168
Couple	$101	$127	$224
Family	$126	$157	$280

SKY RESCUE OPTIONAL COVERAGE RATES

Enhanced Accidental Death and Dismemberment*

	3 months	6 months	12 months
Up to $100,000 additional coverage	$38	$48	$60
Up to $200,000 additional coverage	$76	$96	$120
Up to $300,000 additional coverage	$114	$144	$180
Up to $400,000 additional coverage	$152	$192	$240

**Available to the primary insured person only. This coverage is in addition to the $100,000 Accidental Death and Dismemberment included in the Sky Rescue plan.*

All premium rates are effective 7/1/2013. IMG reserves the right to issue the most current rates in the event these expire, are modified or replaced with a newer version. Rates include surplus lines tax where applicable.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and conisurance, and all terms of the Certificate of Insurnace.
2. Coverage under the plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

ELIGIBILITY

The following condition applies to all persons applying for and/or enrolling in Sky Rescue.

- Sky Rescue is travel insurance for U.S. citizens under the age of 65 traveling outside the United States and for non-U.S. citizens under the age of 65 traveling outside their home country.

EXTENSION OF COVERAGE

The Sky Rescue plan can be rewritten for succeeding or subsequent periods once the initial Period of Coverage expires. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

QUALITY GUARANTEE

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

ENROLLMENT PROCESS & APPLICATION FORM

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

HOW TO ENROLL

Before travel begins, simply fill out the Application Form and calculate the premium for the time period travel will take place. Once the Application Form has been completed, return it to the insurance agent or broker, and/or mail it to IMG. The individual or group member(s), 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;
2. the date the individual or group member departs from his/her home country; or
3. the date requested on your Application Form.

Sky Rescue 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 individual or group member returns to his/her home country.

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 the insurance certificate providing a complete description of your coverage under the contract. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

ONLINE FULFILLMENT KIT

For convenience, approved applicants may choose to communicate electronically and download their fulfillment kit from the IMG website for immediate access. 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. If IMG has processed and approved 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.

CLAIMS PROCEDURE

All benefits payable under Sky Rescue are subject to the terms and conditions in the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways.

1. Eligible expenses that have been paid by or on behalf of the insured person may be reimbursed by check directly to the insured person.
2. Eligible expenses that have not yet been paid by the insured person may, at the option of IMG, be paid either to the insured person or directly to the provider.

Claim forms can be accessed at www.imglobal.com and mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and the Certificate of Insurance are included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: insurance@imglobal.com.

SUMMARY OF BENEFITS

The following is a summary of benefits and terms that are available to eligible insureds on the Sky Rescue plan.

POLITICAL EVACUATION:
If the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, orders the evacuation of all non-emergency government personnel from the host country, due to political unrest, that becomes effective on or after the insured person's date of arrival in the host country, the Company pays up to a $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, or similar government organization of the insured person's home country, issuance of the evacuation order; and **2)** The evacuation order pertains to persons from the same Home Country as the Insured Person; and **3)** Political Evacuation and Repatriation is approved and coordinated by the Company; In no event will the Company pay for a political evacuation if there is a travel warning in effect on or within six (6) months prior to the insured person's date of arrival in the host country.

RETURN OF MORTAL REMAINS OR CREMATION/BURIAL:
If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered, up to a maximum of $20,000; or $5,000 for the preparation, local burial or cremation of your mortal remains at the place of death.

EMERGENCY EVACUATION:
The plan offers coverage for Emergency Medical Evacuation to the nearest qualified medical facility; expenses for reasonable transportation resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred up to $100,000. Up to $25,000 will be paid for the eligible costs and expenses of emergency medical evacuation arising or resulting from a sudden and unexpected recurrence of a pre-existing condition.

EMERGENCY REUNION:
The plan also offers Emergency Reunion coverage, up to $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 home country to be reunited with the insured.

RETURN OF MINOR CHILDREN:
If a covered illness/injury results in a hospitalization and/or death of the insured person, and he/she is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the plan will pay up to $5,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

To be eligible for the Evacuation, Reunion and Return benefits, these must be recommended by the attending physician in critical medical situations, and approved in advance and coordinated by IMG.

ACCIDENTAL DEATH AND DISMEMBERMENT:
This plans offers a $100,000 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.

TRIP INTERRUPTION:
If, during a covered trip, there is an unexpected death of an immediate family member (spouse, child, parent or sibling), a break-in at the insured's principle residence, or the substantial destruction of the insured's principal residence due to a fire or natural disaster, the plan pays to return the insured to the area of principal residence. The plan pays 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:
A benefit of $50 per luggage item, up to a maximum of $250, is payable in the event that the Common Carrier permanently loses an insured person's checked luggage while in transit. This coverage is secondary to any other available reimbursement, including the Carrier's.

DESCRIPTION OF EMERGENCY TRAVEL ASSISTANCE SERVICES

EMERGENCY TRAVEL ARRANGEMENTS:
In the event you must return home or discontinue your trip as a result of an interruption in travel due to an illness of your spouse, child, parent, in-law, or grandparent, IMG will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.

LOST PASSPORT/TRAVEL DOCUMENTS ASSISTANCE:
IMG will help you report, retrieve or replace lost or stolen travel documents, such as your passport, credit cards and airline tickets.

LOST LUGGAGE ASSISTANCE:
IMG will assist you in communicating with the commercial carrier for the return of your lost luggage.

EMBASSY OR CONSULATE REFERRAL:
IMG will inform you of the location and contact telephone numbers for the nearest embassy or consulate, no matter where you are.

EMERGENCY MESSAGE RELAY:
IMG will receive or transmit emergency messages between you, your family and your employer.

EMERGENCY PRESCRIPTION REPLACEMENT:
IMG will assist with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs (if any).

MEDICAL REFERRAL:
If urgent medical advice or care is needed, IMG is prepared to refer you to the nearest appropriate care facility or provide a listing of available medical care to you. IMG will also help with obtaining an appointment with the medical care provider you have chosen.

24-HOUR MEDICAL MONITORING:
If you are hospitalized, IMG will provide medical professionals to communicate with your treating doctor(s) and help you monitor your condition. IMG can also communicate with your family doctor as you direct.

EMERGENCY CASH TRANSFER:
IMG will help you transfer funds, up to $500, in the event of a medical or travel emergency.

LEGAL REFERRAL:
IMG will provide you with a referral to the nearest attorney.

EMERGENCY TRANSLATIONS:
IMG will provide personal, emergency telephone translation services and referral to a local interpreter service should you require language assistance.

EXCLUSIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Sky Rescue plan and include but are not limited to:

1. **A Pre-existing Condition** which is any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition 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, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting 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. **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.
5. **Charges for pre-natal care**, delivery, post-natal care, and care of newborns, including complications of pregnancy, miscarriage, complications of delivery and/or complications of newborns.
6. **Any illness or injury sustained** while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are also excluded: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating (with proper use of helmet and pads), jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing.

   Injury sustained while participating in contact sports of any kind, racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, ski jumping, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class V difficulty; and/or any other adventure sports activity.
7. **Vocational, recreational, speech** or music therapy.
8. **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.
9. **Treatment for, and injuries** and/or illnesses resulting or arising from, substance abuse or drug addiction.

10. **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.
11. **Willfully self-inflicted** injury or illness.
12. **Treatment required as a** result of or arising from complications from a treatment or condition not covered under the certificate.
13. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
14. **Treatment for** mental and nervous disorders.
15. **Organ or tissue transplants** or related services.
16. **Charges incurred for any** travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance.
17. **Any taxes, involuntary or** forced contributions, assessments, charges, fees or surcharges imposed by any governmental agency or authority.

This brochure contains only a brief summary of current Sky Rescue benefits, conditions, limitations and exclusions, and is subject to all the terms and conditions of the full Certificate of Insurance. The complete Certificate of Insurance with all the terms, conditions and exclusions will be included in the fulfillment kit sent to approved applicants. The Sky Rescue plan is amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate of Insurance 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.

ADDITIONAL BENEFITS & SERVICES

My*IMG*℠

Service at your fingertips anytime, anywhere - that's what My*IMG* provides. My*IMG* is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through My*IMG* you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Get explanation of benefits
- Locate a provider
- Request ID cards
- Initiate precertification
- Obtain certificate documents
- Recommend provider/facility



Akeso Care Management® (ACM®)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, an on-site specialized division devoted entirely to medical management.

The clinical staff consists of qualified physicians and registered nurses who are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner. ACM has international medical experience, providing services in more than 170 countries worldwide.

ACM is accredited by URAC, an independent, nonprofit organization that is internationally recognized for promoting continuous improvement in the quality and efficiency of health care management. Through a rigorous and comprehensive review that ensures ongoing compliance, ACM earned its URAC accreditation in Health Utilization Management.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.

One Call. One Company.
Your Complete International Resource.

IMG offers a comprehensive range of international medical insurance and travel insurance products for every insurance need. Whether you need individual coverage for a vacation, extended coverage for a long-term stay abroad, or group coverage for employees in locations around the world, we've got the right plan for you and the exceptional services to back them up.

- Short-term Travel Plans
- Long-term Travel Plans
- Travel Insurance / Trip Cancellation Plans
- Employer Group Plans
- Mission Plans
- Marine Plans
- International Student and Educator Plans
- Adventure Sports Plans
- Emergency Evacuation Plans
- Green and Environmentally Friendly Plans

1. Name	Country of Citizenship & Home Country	Date of Birth	Government Issued ID #	Requested EFfective date and EXpiration date	# of Months 3, 6,12	Rate
1 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						
2 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						
3 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						
4 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						
5 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						
6 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						
7 Applicant:	CC: HC:			EF: EX:		
Spouse:						
Child:						
Child:						

(attach additional sheets if necessary)

SUBTOTAL: _____

A

2. Event Premium Calculation

_____ + _____ + _____ = _____

Subtotal A	Optional Enhanced AD&D Premium *(refer to rates on page 4)*	$20 *optional* express mail	TOTAL AMOUNT DUE

IMG Producer Use Only

Producer# 365054
GA#
Name RONALD J. FLEETER, INC.
Address 25700 SCIENCE PARK DR., SUITE 130
City, State, Zip BEACHWOOD OH 44122
Phone: 216-595-5300

0713

Sky Rescue Application

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 1.317.655.4505

Applicant or
Sponsoring Organization_____

Address_____

City/State/Zip_____

Phone_____

Fax_____

Contact Name_____

Email *(Required if selecting Online Fulfillment Kit Option)*_____

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

❑ **I (we) will use Online Fulfillment Kit Option** *(Email address required above)*

Requested Effective Date_____

Requested Expiration Date_____

Destinations_____

Beneficiaries (See Certificate Wording for Beneficiary designation)
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) ❑ Wire ❑ Money Order (To IMG)
❑ MasterCard ❑ Visa ❑ American Express ❑ Discover ❑ JCB
eCheck (ACH) available online

Card#_____

Expiration date_____

Cardholder Name_____

Signature_____

Cardholder's Daytime Phone_____

Cardholder's Billing Address_____

_____

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Amount Due. Coverage purchased by credit card is subject to validation and acceptance by credit card company. By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use the card and, if not, will take full responsibility for the payment and any charges accruing to it. I agree to comply with the cardholder agreement. For your convenience, only one payment for the total amount due is required.

Sponsor's or Individual Applicant's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) for group coverage or the individual for his or her own coverage hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members or for the individual applicant listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Sky Rescue (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 or the individual applying for coverage understand(s) and agree(s): (i) the insurance applied for is not general health insurance, but is intended for members' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) the Sponsor or individual 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 or individual applicant purposefully initiate(s) and take(s) advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, and invoke the benefits and protections of Indiana law, 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 or individual applicant hereby expressly consent(s). We(I) consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the Certificate of Insurance.

2. Acknowledgment. The Sponsor and all group members or individual applicant understand(s) and agree(s) 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 or individual applicant, (ii) the Group Insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition 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, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (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, an individual applicant, the Company or IMG to be resident, located, or 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 or individual applicant hereby authorize(s) any doctor, practitioner of the healing arts, hospital, clinic, health care 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' or individual applicant's 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 or individual applicant hereby certify(ies), represent(s) and warrant(s) that they or he have (has) 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 or individual applicant listed: (i) is eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable 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 or individual applicant, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such members or individual applicant. By acceptance of coverage and/or submission of any claim for benefits, each group member or individual applicant ratifies and affirms the authority of the signer and/or Sponsor to so act and bind the member.

5. Premiums. Sponsor or individual applicant 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 or individual 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 or individual applicant authorizes IMG to charge/debit Sponsor's or applicant'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 or individual applicant has chosen to pay premiums on an installment basis, Sponsor or individual applicant 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 or applicant's credit card periodically as and when premium payment installments become due. This authorization will remain in effect until revoked by Sponsor or individual applicant in writing, and until IMG actually receives notice of revocation.

Signature_____

Date_____ Phone_____