Please print legibly and complete ALL SECTIONS of this form. Mail, fax, or email completed form to: **Address:** International Medical Group, Inc. Claims, P.O. Box 240429, Apple Valley, MN 55124 USA,
Call: +1.800.628.4664 or outside U.S. +1.317.655.4500; **Fax:** +1.317.655.4505
Web: www.imglobal.com/secure-message-center www.imglobal.com

RE: **REF.#**

Dear Producer:

We have received a Global Medical Insurance® (GMI) application or renewal request from the above individual. Please be aware that this insurance is not available to individuals who are located in the United States unless the individual is not eligible for similar insurance from the local insurance market due to the applicant's residence and/or citizenship. In order to process this application, we need the below Affidavit of Eligibility completed.

If we do not receive your response within 10 business days via fax or email, we will discontinue processing this application and return any premium deposit to the applicant. Feel free to contact our office with any questions or concerns. Thank you.

IMG® (International Medical Group®)
UNDERWRITING SERVICES

Affidavit of Eligibility

Global Medical Insurance®

(To be completed only for Non-U.S. citizens residing in the U.S.)

Name of Applicant(s): _____

I, the undersigned, do hereby Certify that I have attempted to secure medical insurance from not less than three (3) insurers admitted and licensed to do business in the State of **__FLORIDA__** for the above named Applicant. Further, not less than three such insurers have declined to provide medical insurance for the above Applicant because of the applicant's residence and/or citizenship. **These three companies are listed below.**

1. _____

2. _____

3. _____

_____
Signature of Producer

_____
Printed Name of Producer

_____/_____/_____
MONTH DAY YEAR
Date of Signature

0924