

Global Group Administrator Form



Global Group is designed for two or more Global Mission Medical Insurance® individual insured members.

Global Group Advantages

- All individual insured members can be combined onto one convenient bill
- Provides monthly, quarterly, semi-annual and annual payment options
- Allows members to be added or removed
- Each member can choose the best plan design (Bronze, Silver, Gold, Gold Plus, or Platinum) and deductible option (\$100 - \$25,000) for his/her specific need
- Since Global Mission Medical Insurance is an individual plan, each member has an option to keep his/her plan in-force even if he/she is no longer part of the sponsoring group
- Global Group creates an alternative to The Global Employer's OptionSM (GEOSM Group)

Guidelines for Completing the Global Group Administrator Form

1. In order to set up a Global Group, the group administrator must submit the following:
 - A completed Global Group Administrator Form
 - A Global Mission Medical Insurance application* for each member that is applying, along with an Affidavit of Eligibility (if applicable)
2. Premium payment mode must be the same for all Global Group members.
3. Invoices will be sent on the 25th of every month to the sponsoring group and the producer. Premium must be received within 10 days of the receipt of the invoice.
4. New members can be added to an existing Global Group. Each new member will need to complete a Global Mission Medical Insurance application*, an Affidavit of Eligibility (if applicable), along with the Global Group Administrator Form.
5. Renewal notices will be sent directly to each member, who will need to notify IMG of his/her intent to renew by signing and returning the renewal notice. A copy of the renewal notice will also be sent to the producer to forward to the sponsoring group.
6. The group administrator should notify IMG of any member cancellations. IMG will send a premium notice to the member to allow him/her to continue coverage, subject to the receipt of the premium payment.
7. In case of a member cancellation, any premium refunds will be sent to the sponsoring group if the member has completed the Premium Refund Release section of the Cancellation Form. If IMG has not received this form, the group will be responsible for collecting any premium payment refund from the member.

**Global Mission Medical Insurance online applications will not be accepted for a Global Group.*

**PLEASE COMPLETE THE GLOBAL GROUP ADMINISTRATOR FORM,
ATTACH THE GLOBAL MISSION MEDICAL INSURANCE APPLICATIONS, AND SEND THEM TO:**

International Medical Group

P.O. Box 88509, Indianapolis, Indiana 46208-0509 USA

Telephone: 1.866.368.3724 (Inside the U.S.) or 1.317.655.9799 (Outside the U.S.)

Fax: 1.317.655.4505 Email: insurance@imglobal.com Web: www.imglobal.com

SECTION 1. GROUP INFORMATION

Please complete this form to enroll a new Global Group, or to add members to an existing Global Group.

| | | | |
|---|--------|--|--------------|
| Group Name: | | Requested Effective Date: <i>(Coverage is not effective until formal acceptance has been made by IMG)</i> | |
| Street Address: | | | |
| City: | State: | Country: | Postal Code: |
| Contact Person <i>(Group Administrator)</i> : | | | |
| Contact Person's Email: | | | Phone#: |
| Contact Person's Signature: | | | Date: |
| Producer's Name and Number <i>(If applicable)</i> : | | | |

SECTION 2. CENSUS LISTING - Check one: New Global Group Existing Global Group

| Name of Primary Applicant (Member) | Annual Premium Amount |
|---|------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| Total number of applicants on Global Group: | Total Annual Premium: |
| Premium Payment Mode: <i>(Must be the same for all individuals)</i> <input type="checkbox"/> Annually (1.0) <input type="checkbox"/> Semi-Annually (0.55) <input type="checkbox"/> Quarterly (0.28) <input type="checkbox"/> Monthly (0.10) | |
| Invoice Payment Method: <i>(Payment due once you receive invoice)</i> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Wire <input type="checkbox"/> Credit Card <input type="checkbox"/> eCheck <input type="checkbox"/> Other <i>(Attach details)</i> | |
| Preferred Invoice Method: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Both | |
| Invoice Amount Due based on Premium Payment Mode chosen <i>(Total Annual Premium x Premium Payment Mode)</i> : | |

Attach additional sheets if necessary - All Primary Applicants (Members) must be listed to be included in Global Group

Please Note:

We may rate-up for covering certain conditions which would entail an additional premium.

Automatic Renewal Notice:

For your convenience, we will notify your group members of their renewal premium in advance of their renewal date and automatically renew their plan, thereby preventing any accidental break in cover at renewal - unless of course they are no longer eligible or we hear from them to the contrary before renewal.

PLEASE ATTACH GLOBAL MISSION MEDICAL INSURANCE APPLICATIONS WITH THIS FORM

Global Group Cancellation Form



Please complete only the section(s) that pertain to what you are trying to accomplish.

PREMIUM REFUND RELEASE

I (the insured/member) _____ hereby agree to allow (name of group) _____ to receive the premium refund for my Global Mission Medical Insurance® plan with International Medical Group® effective date: (DD,MM, YYYY) _____. I understand that, as of this date, if I want to continue to be insured by IMG, I need to be responsible for the Global Mission Medical Insurance premium.

| | |
|--|---------------------|
| Member's Printed Name: | |
| Member's Signature: | Date: (DD,MM, YYYY) |
| Contact Person's (Group Administrator) Printed Name: | |
| Contact Person's (Group Administrator) Signature: | Date: (DD,MM, YYYY) |

Note: If the member wishes to continue his/her insurance and be responsible for his/her own premiums, please contact IMG at 1.866.368.3724 or 1.317.655.9799

CERTIFICATE CANCELLATION RELEASE

Note: If the member wishes to continue his/her insurance and be responsible for his/her own premiums, DO NOT complete this section.

I (the insured/member) _____ hereby agree to allow (name of group) _____ to cancel my Global Mission Medical Insurance® plan with International Medical Group® effective date: (DD,MM, YYYY) _____. I understand that, as of this date, I will no longer have coverage with IMG.

| | |
|--|---------------------|
| Member's Printed Name: | |
| Member's Signature: | Date: (DD,MM, YYYY) |
| Contact Person's (Group Administrator) Printed Name: | |
| Contact Person's (Group Administrator) Signature: | Date: (DD,MM, YYYY) |

Please send to:

International Medical Group
P.O. Box 88500
Indianapolis, IN 46208-0500 USA
Telephone: 1.317.655.9799 or 1.866.368.3724
Fax: 1.317.655.4505