

THE  
*My* **IMG**<sup>®</sup>  
GUIDE  
FOR GROUPS



[WWW.IMGGLOBAL.COM](http://WWW.IMGGLOBAL.COM)

# WELCOME TO

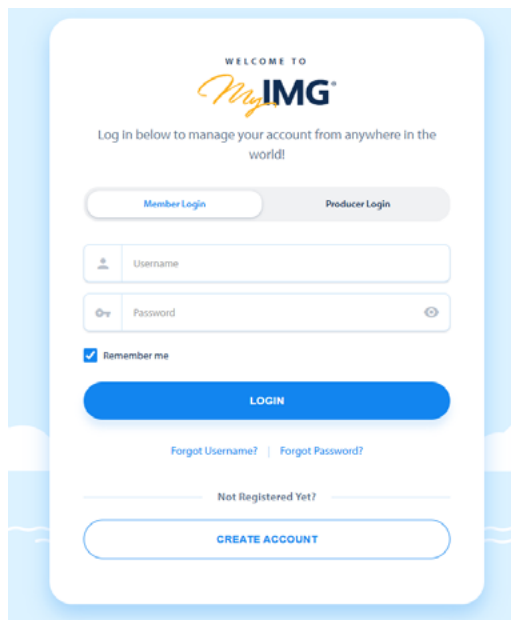
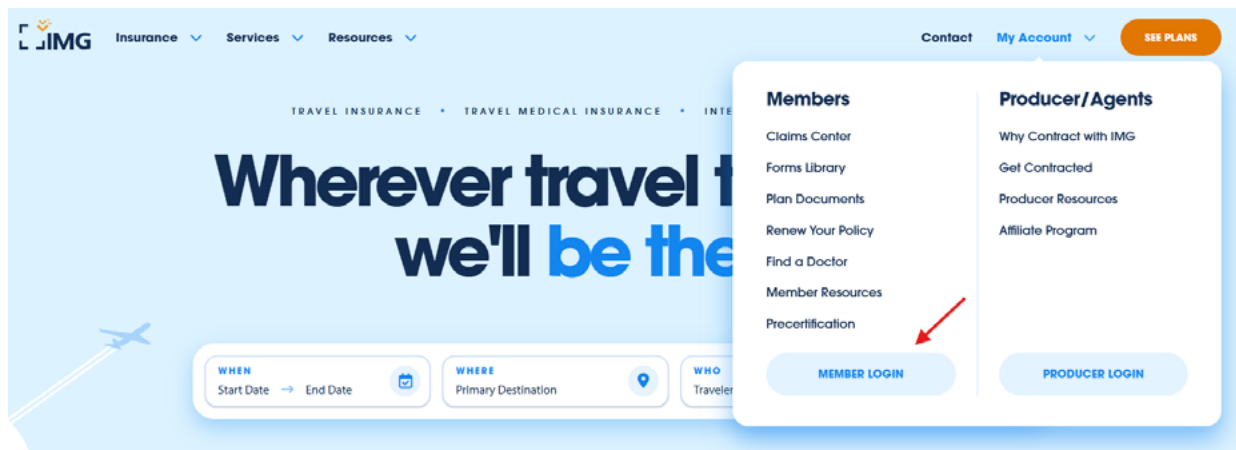
# MyIMG®



## MYIMG GUIDE FOR GROUP ENROLLMENT

IMG® (International Medical Group) would like to thank you for the opportunity to provide your international health insurance plan. The following document outlines the proper procedure for online group enrollment. IMG offers online self-service census management and enrollment tools. We encourage the use of the self-service tools. Enrollment is immediate, coverage can be effective as early as the next day and depending on your payment type, self-service provides immediate fulfillment, including ID card and visa letter materials.

### 1 NEW MEMBER ENROLLMENT PROCESS

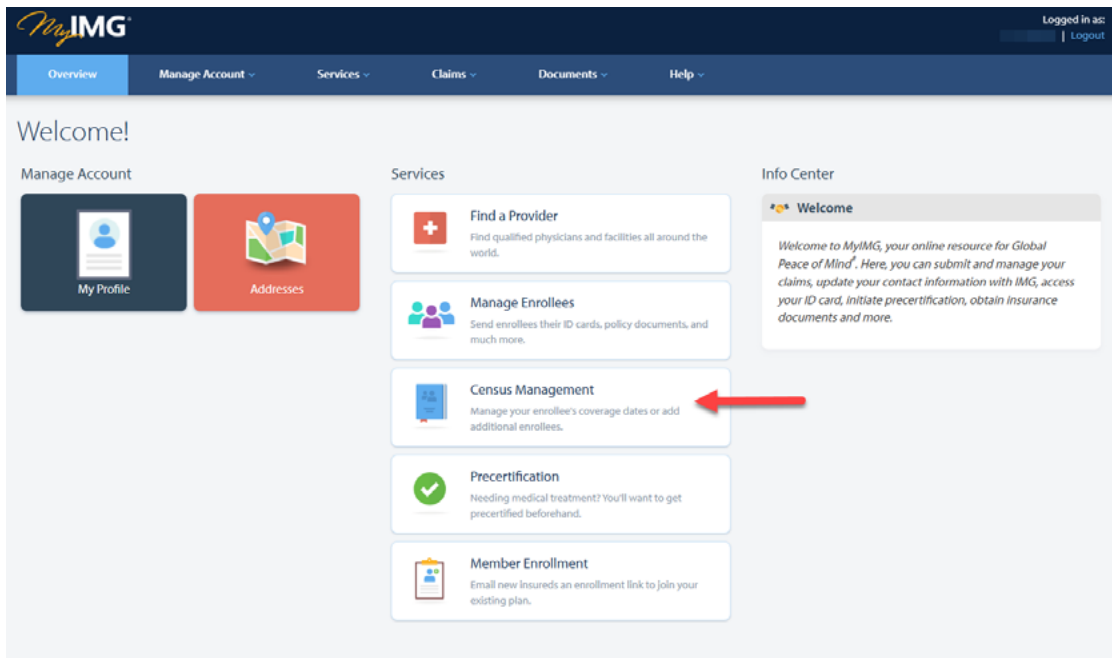


- Log into your Administrator account by hovering over “My Account” and clicking “Member” at the top of [imglobal.com](http://imglobal.com)



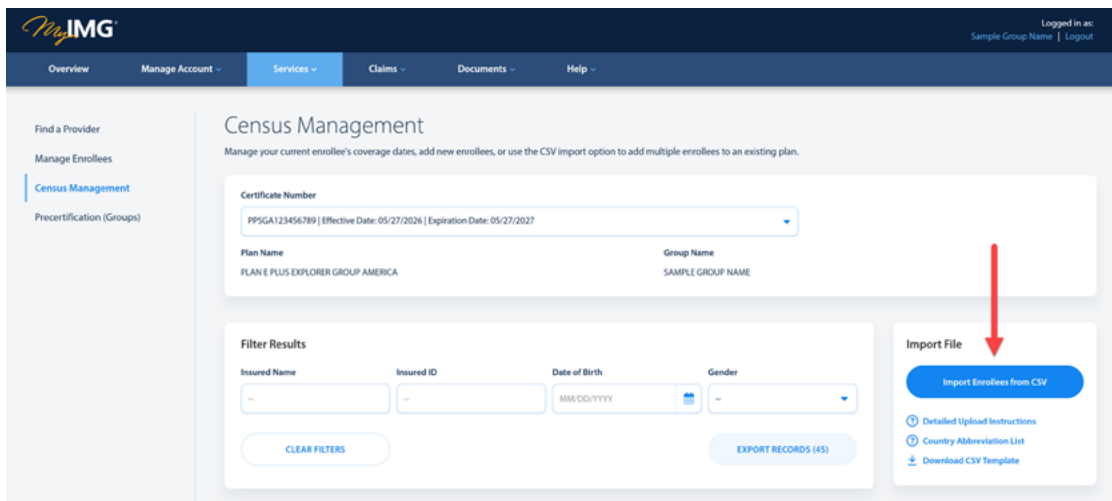


2



- To enroll new members, click “Census Management”

3



- Select the appropriate certificate
- Add new members individually or by using the CSV upload function
- If using the CSV function, please view the “Detailed Upload Instructions” and “Country Abbreviations List” provided

**MyIMG** Logged in as: Sample Group Name | Logout

Overview Manage Account **Services** Claims Documents Help

Find a Provider  
Manage Enrollees  
**Census Management**  
Precertification (Groups)

## Census Management

Manage your current enrollee's coverage dates, add new enrollees, or use the CSV import option to add multiple enrollees to an existing plan.

**Certificate Number**  
PP5GA123456789 | Effective Date: 05/27/2026 | Expiration Date: 05/27/2027

**Plan Name** **Group Name**  
PLAN F PLUS EXPLORER GROUP AMERICA SAMPLE GROUP NAME

### Review Updates

**New Enrollments** [+ Add Another Enrollee](#)

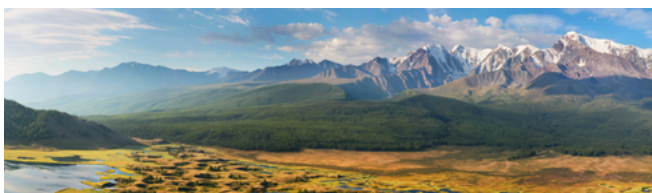
| Name                             | Type    | DOR        | Citizenship    | Residence      | Start Date | End Date   | Cost                      | Actions                                     |
|----------------------------------|---------|------------|----------------|----------------|------------|------------|---------------------------|---------------------------------------------|
| DOE, JAYNE                       | PRIMARY | 03/21/1981 | United Kingdom | United Kingdom | 07/01/2026 | 07/11/2026 | \$74.38                   | <a href="#">Edit</a> <a href="#">Delete</a> |
| <b>Dependents for DOE, JAYNE</b> |         |            |                |                |            |            |                           |                                             |
| DOE, JOHN                        | SPOUSE  | 03/21/1979 | United Kingdom | United Kingdom | 07/01/2026 | 07/11/2026 | \$74.38                   | <a href="#">Edit</a> <a href="#">Delete</a> |
| JOHNSON, BOB                     | PRIMARY | 05/07/1959 | United Kingdom | United Kingdom | 07/01/2026 | 07/11/2026 | \$3.30                    | <a href="#">Edit</a> <a href="#">Delete</a> |
|                                  |         |            |                |                |            |            | <b>Subtotal: \$152.06</b> |                                             |

**Total Due: \$152.06**

[PROCEED TO CHECKOUT](#)

[← Make Additional Updates](#) | [Cancel & Start Over](#)

- After enrollment, you will view a summary of the added members
- You will have the ability to edit any member information if needed. Once this is completed, click "Continue"
- After confirming your new enrollees, you will click "Proceed to Checkout" (if your payment type is credit card) or "Finish Enrollment" (if your payment mode is monthly, or if you are paying by check)





## Thank You!

We received your submission and are currently processing your enrollment updates.  
Feel free to contact us should you have any questions on the status or issues with the below stated request.

### New Enrollments Summary

| Name         | Type    | Date of Birth | Email          | Citizenship    | Residence      | Start Date | End Date   |
|--------------|---------|---------------|----------------|----------------|----------------|------------|------------|
| DOE, JAYNE   | PRIMARY | 03/21/1981    | EMAIL@TEST.COM | United Kingdom | United Kingdom | 07/01/2026 | 07/11/2026 |
| DOE, JOHN    | SPOUSE  | 03/21/1979    | EMAIL@TEST.COM | United Kingdom | United Kingdom | 07/01/2026 | 07/11/2026 |
| JOHNSON, BOB | PRIMARY | 05/07/1959    | EMAIL@TEST.COM | United Kingdom | United Kingdom | 07/01/2026 | 07/11/2026 |

### Billing Information

Name: Test Test

Country: United States of America

Address: 123 Main St

City: Indianapolis

Zip / Postal Code: 46256

Region:

Address 2:

State / Province: Indiana

Phone Number: 1231231233

### Payment Information

Name on Credit Card: Michael Sample

Credit Card Number: \*\*\*\*\*1881

Total Cost

\$152.06

[RETURN TO CENSUS MANAGEMENT](#)

- Submit payment information

## FULFILLMENT

If you have submitted enrollment information, selected the event payment mode, and credit card billing type, electronic fulfillment (i.e. PDF ID cards for each enrolled member) will be sent immediately. If you have chosen monthly billing mode, then the fulfillment will be provided to you immediately when the payment is received and processed. In either case, fulfillment will go to the email address associated with the group administrator. In addition to the ID cards, the electronic fulfillment will also include the following documents for you: certificate wording, insurance declarations, visa letter, claim filing instructions, and claim form. Once payment is received a member may access their MyIMG, and obtain fulfillment materials as well.

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- Navigate to “Census Management” and select the appropriate certificate

1

- Find the member from the “Enrollees” grid, and click the “Edit Coverage” button

2

- Select the “New End Date” for the insured (Note: total length of coverage for an insured cannot exceed one year)

3

**MyIMG** Logged in as: Sample Group Name | Logout

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Precertification (Groups)

### Census Management

Manage your current enrollee's coverage dates, add new enrollees, or use the CSV import option to add multiple enrollees to an existing plan.

Certificate Number  
PPSGA6477405 | Effective Date: 05/27/2026 | Expiration Date: 05/27/2027

Plan Name  
PLAN E PLUS EXPLORER GROUP AMERICA

Group Name  
SAMPLE GROUP NAME

### Review Updates

Existing Enrollee Updates

| Name          | Insured ID | DOB        | Start Date | End Date                 | Cost    |
|---------------|------------|------------|------------|--------------------------|---------|
| TEST, TESTABC | 93151196   | 01/01/1980 | 07/01/2026 | 07/01/2026<br>07/14/2026 | \$20.28 |

Subtotal: \$20.28

**Total Due: \$20.28**

[PROCEED TO CHECKOUT](#)

[← Make Additional Updates](#) | [Cancel & Start Over](#)

- Review/edit your change. Then click "Review & Proceed to Checkout"
- Click "Proceed to Checkout"



COVERAGE WITHOUT BOUNDARIES®



Need more help? Our Member Care Specialists are here for you 24-hours a day, seven days a week.

Live Chat with us through our website: [www.imglobal.com](http://www.imglobal.com)  
Call us: +1.317.655.4500

