International Medical Group℠, Inc.
407 Fulton Street
Indianapolis, Indiana 46202 USA
Phone: 800.628.4664 (In US) ext. 4536
317.655.4536 (Outside US)
Fax: 317.655.4505 Attn: Group Benefits
Email: geoinfo@imglobal.com

Request for Proposal

Group/Organization Name__________________________ Contact Person__________________________

Telephone__________________ Fax____________________ E-mail ______________________

Nature of Industry____ SIC __________

Street Address____

City__________________ State/Province__________ Country____________ Postal Code__________

Requested Effective Date______________(must begin on 1st of month) Requested Commission _____%

Total number of international assignees (expatriates, third country nationals, key local nationals)________

Total number of U.S. citizens ________

Is the company/organization a subsidiary or division of a U.S. or Canadian corporation? ☐ Yes ☐ No

Are any employees/dependents currently residing in the U.S. or Canada? ☐ Yes ☐ No If yes, how many? __________

(If yes, please list those employees separately on the census listing.)

Does applicant currently have group medical insurance? ☐ Yes ☐ No

(If yes, please provide name of carrier, current and/or renewal rates, schedule of benefits, and claims experience.)

Has another insurance company refused to quote on this group? ☐ Yes ☐ No

Are any employees or dependents presently on COBRA? ☐ Yes ☐ No

(If yes, please list those employees separately on the census listing.)

Agency______________________ Agent Name______________________ IMG Agent #__________

Address____

City__________________ State/Province______________ Country __________ Postal Code__________

Telephone________________ Fax____________________ E-mail__________________________

REQUESTED PLAN OF BENEFITS

Deductible	Max. Deductible	Lifetime Maximum	Life Insurance Benefit
☐ $100	☐ 2 per family	☐ $1,000,000 (Std)	☐ $25,000
☐ $250	☐ 3 per family (Std)	☐ $5,000,000	☐ $50,000
☐ $500			☐ 1 X's Salary to a Maximum of $__________
☐ $1,000			☐ 2 X's Salary to a Maximum of $__________
☐ $2,500			☐ 3 X's Salary to a Maximum of $__________
☐ $5,000			

Please answer the following questions. If your answer to any question is yes, please give details in the space provided. Attach additional pages as necessary.

1. Has any employee or dependent suffered from an injury, illness or other medical/health condition that resulted in total claims of US$2,500 or more during the last three years? ☐ Yes ☐ No

2. Are any employees or dependents currently hospitalized, confined at home or a treatment facility, disabled or incapacitated? ☐ Yes ☐ No

3. Are any employees or dependents currently pregnant? ☐ Yes ☐ No

4. Are any employees or dependents not actively at work performing his/her normal duties due to illness, injury or other medical/health condition? ☐ Yes ☐ No

5. Are you aware of any circumstances, chronic or continuing medical, mental or nervous conditions which can be expected to produce ongoing claims for any employees or dependents? ☐ Yes ☐ No

CENSUS SUMMARY (Required for groups of 100 lives or more)

AGE	MALE			FEMALE		
	Employee	EE+Spouse	EE+Fam	Employee	EE+Spouse	EE+Fam
19-24						
25-30						
30-34						
35-39						
40-44						
45-49						
50-54						
55-59						
60-64						
65-69						
70+						

CENSUS LISTING

Sex	Name	Status*	Date of Birth	Hire Date	Annual Salary	Country of Residence

***Status: Employee (E) Spouse (S) Dependent Child (D) (attach additional pages as necessary)**

International Medical Group, Inc. is the managing general underwriter and plan administrator for the carrier, Sirius International Insurance Corporation (publ) (the Company).

The undersigned representative for the within named Group hereby certifies, represents and warrants that the information provided on this Request for Proposal, including any attachments, is true, accurate and complete in all respects and I acknowledge that such information is intended to provide International Medical Group℠, Inc. with information necessary to evaluate this Group and provide the Group with premium and coverage indications. Final rates and coverage will be based on the actual enrollment, including evidence of insurability, if applicable. No insurance shall be effective unless and until the Group is notified in writing by the Company. Thank you for your interest in Geo℠ + Plus International®.

Applicant Signature______________________________ Date____________________

Printed Name______________________________ Title____________________

Agent Signature______________________________ Date____________________

Are you the broker of record? ☐ Yes ☐ No

© 2001 International Medical Group, Inc. All rights reserved.

Created 11/01