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As the Plan Administrator for the Patriot Exchange ProgramSM plans, IMG acts as the authorized agent for and on behalf of Sirius International.



Plan Underwriter

These Patriot Exchange Program plans are surplus lines products 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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Patriot Exchange ProgramSM

Medical insurance for individuals involved in educational or cultural exchange



Why Consider Travel Insurance?



Traveling abroad can be an exciting experience, especially when you're involved in an educational or cultural exchange program. But what would happen if you became ill or injured while away from home? Your experience can quickly turn frightening if you're not prepared for a medical emergency.

Whether your trip takes you abroad for a few weeks or a year, your cultural exchange experience should be an enjoyable one. You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Exchange ProgramSM plans to provide you and your legal dependents traveling with you Coverage Without Boundaries®. Each plan offers a complete package of international benefits available 24 hours a day. Simply select the one that best fits your needs.

Standard Short-Term Travel Plan

The Standard Short-Term Travel Plan is designed to meet the **U.S. visa travel insurance requirements** for a student studying abroad or a participant of a cultural exchange program. The plan may be purchased in monthly increments and can include coverage for the student or participant, his or her spouse and unmarried dependent children traveling with them. If the plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to 48 months. See the "Renewal of Coverage" section on page 9 for more information.

Basic Short-Term Travel Plan

The Basic Short-Term Travel Plan is an economical plan designed for a student studying abroad or a participant of a cultural exchange program. The plan may be purchased in monthly increments and can include coverage for the student or participant, his or her spouse and unmarried dependent children traveling with them. If the plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to 48 months. See the "Renewal of Coverage" section on page 9 for more information.

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 security you need no matter where you are. Our goal is to make the medical process smooth and efficient. 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 international travel needs.



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

PLAN INFORMATION & HIGHLIGHTS

Plan Maximum	Standard Plan - choice of \$50,000, \$250,000 or \$500,000 per illness or injury with a Lifetime Maximum of \$5,000,000. Basic Plan - \$10,000 per illness or injury with a Lifetime Maximum of \$5,000,000.
Coinsurance	No coinsurance
Deductible	\$100 per illness or injury
Treatment Period	60 days per chronic illness
MyIMG SM	24 hour secure access from anywhere in the world to manage your account at anytime
International Emergency Care	A wide range of international emergency benefits available including emergency evacuation, emergency reunion, and return of mortal remains
Dependent Coverage	Coverage provided for dependents of faculty, scholars, students and exchange participants
Optional Add-on Plan	Additional coverage is available for high school sports, personal liability and legal assistance
Pre-existing Conditions	Available for non-U.S. and U.S. citizens. See plan design for benefit information.

SCHEDULE OF BENEFITS STANDARD SHORT-TERM TRAVEL PLAN

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

MEDICAL BENEFITS

**Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment.*

Hospital Room and Board	Up to semi-private room rate
Hospital Intensive Care	URC*
Physical Therapy	URC* - 1 visit per day
Physician Visit	URC*
Student Health Center	\$5 co-pay per visit
Prescription Drugs	URC*
Eligible Medical Expenses	URC*
Emergency Room	URC*
Emergency Room Illness with In-patient Admission	URC*
Emergency Room Illness without In-patient Admission	Additional \$250 deductible
Dental	
Injury Due to Accident	\$500
Sudden and Unexpected Pain	\$350

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Medical Evacuation	\$50,000 Lifetime Maximum
Emergency Reunion	\$15,000
Return of Mortal Remains	\$25,000
Political Evacuation	Up to \$10,000

ADDITIONAL BENEFITS

Accidental Death	\$25,000
Dismemberment	\$25,000 two limbs; \$12,500 one limb
Terrorism Coverage	Up to \$50,000 Lifetime Maximum
Sudden Recurrence of a Pre-existing Condition (U.S. citizens)	
Medical	Up to \$5,000 of eligible expenses
Emergency Medical Evacuation	Up to \$25,000 of eligible costs and expenses
Pre-existing Conditions <i>(For U.S. citizens, this benefit will begin when the Sudden Recurrence benefit is exhausted)</i>	\$500 per year; \$50,000 lifetime maximum - after 12 months of continuous coverage
Incidental Home Country Coverage	Up to a cumulative two weeks

OPTIONAL ADD-ON PLAN

Baggage	
Loss/theft of Baggage	\$250
Loss/theft of Valuables	\$250
Loss/theft of Personal Papers	\$250
Legal Assistance	
Binder Fee	\$500 when served with summons
Personal Liability	
Injury to third party	\$2,000 limit after \$100 deductible
Damage to third person property	\$500 limit after \$100 deductible. Secondary to any other insurance in force
Limited High School Sports Coverage	URC*

OPTIONAL RIDER

Applies to all individuals listed on the Application Form

	Age	Lifetime Maximum
Adventure Sports Rider <i>(available to insureds up to age 65 - apply 1.20 rate factor)</i>	0 - 49	\$50,000
	50 - 59	\$30,000
	60 - 64	\$15,000

The benefits, optional add-on plan and optional rider listed on pages 3 and 4 are a summary only. Please see pages 11-13 for a list of descriptions.

SCHEDULE OF BENEFITS BASIC SHORT-TERM TRAVEL PLAN

MEDICAL BENEFITS

**Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment.*

Hospital Room and Board	Up to semi-private room rate
Hospital Intensive Care	URC*
Physical Therapy	URC* - 1 visit per day
Physician Visit	URC*
Student Health Center	\$5 co-pay per visit
Prescription Drugs	URC*
Eligible Medical Expenses	URC*
Emergency Room	URC*
Emergency Room Illness with In-patient Admission	URC*
Emergency Room Illness without In-patient Admission	Additional \$250 deductible

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Medical Evacuation	\$25,000 Lifetime Maximum
Emergency Reunion	\$5,000 Lifetime Maximum
Return of Mortal Remains	\$7,500
Political Evacuation	Up to \$10,000

ADDITIONAL BENEFITS

Accidental Death	\$5,000
Dismemberment	\$5,000 two limbs; \$2,500 one limb
Terrorism Coverage	Up to \$50,000 Lifetime Maximum
Sudden Recurrence of a Pre-existing Condition (U.S. citizens)	
Medical	Up to \$5,000 of eligible expenses
Emergency Medical Evacuation	Up to \$25,000 of eligible costs and expenses
Incidental Home Country Coverage	Up to a cumulative two weeks

OPTIONAL ADD-ON PLAN

Baggage	
Loss/theft of Baggage	\$250
Loss/theft of Valuables	\$250
Loss/theft of Personal Papers	\$250
Legal Assistance	
Binder Fee	\$500 when served with summons
Personal Liability	
Injury to third party	\$2,000 limit after \$100 deductible
Damage to third person property	\$500 limit after \$100 deductible. Secondary to any other insurance in force
Limited High School Sports Coverage	URC*

OPTIONAL RIDER

Applies to all individuals listed on the Application Form

	<u>Age</u>	<u>Lifetime Maximum</u>
Adventure Sports Rider <i>(available to insureds up to age 65 - apply 1.20 rate factor)</i>	0 - 49	\$50,000
	50 - 59	\$30,000
	60 - 64	\$15,000

The benefits, optional add-on plan and optional rider listed on pages 5 and 6 are a summary only. Please see pages 11-13 for a list of descriptions.

STANDARD SHORT-TERM TRAVEL PLAN RATES MONTHLY PREMIUMS

Non-U.S. Citizens - Worldwide Excluding Home Country

Age	Option A \$50,000 per Illness/Injury	Option B \$250,000 per Illness/Injury	Option C \$500,000 per Illness/Injury
Under 25 years	\$48.62 \$51.05 w/add-on	\$60.36 \$63.37 w/add-on	\$63.66 \$66.84 w/add-on
25 - 49 years	\$63.37 \$66.53 w/add-on	\$78.59 \$82.52 w/add-on	\$82.90 \$87.04 w/add-on
50 - 64 years	\$135.70 \$142.49 w/add-on	\$168.27 \$176.68 w/add-on	\$177.53 \$186.41 w/add-on

U.S. Citizens - Worldwide Excluding the U.S.

Age	Option A \$50,000 per Illness/Injury	Option B \$250,000 per Illness/Injury	Option C \$500,000 per Illness/Injury
Under 25 years	\$34.46 \$36.18 w/add-on	\$42.72 \$44.85 w/add-on	\$45.08 \$47.33 w/add-on
25 - 49 years	\$39.88 \$41.88 w/add-on	\$49.44 \$51.91 w/add-on	\$52.16 \$54.76 w/add-on
50 - 64 years	\$103.43 \$108.60 w/add-on	\$128.27 \$134.68 w/add-on	\$135.35 \$142.11 w/add-on

Europe to Europe Travel Only

Age	Option A \$50,000 per Illness/Injury	Option B \$250,000 per Illness/Injury	Option C \$500,000 per Illness/Injury
Under 25 years	\$28.62 \$30.05 w/add-on	\$35.52 \$37.29 w/add-on	\$37.47 \$39.34 w/add-on
25 - 49 years	\$33.10 \$34.75 w/add-on	\$41.06 \$43.12 w/add-on	\$43.31 \$45.47 w/add-on
50 - 64 years	\$85.85 \$90.14 w/add-on	\$106.44 \$111.76 w/add-on	\$112.29 \$117.90 w/add-on

BASIC SHORT-TERM TRAVEL PLAN RATES MONTHLY PREMIUMS

Non-U.S. Citizens - Worldwide Excluding Home Country \$10,000 per Illness/Injury

Age	Monthly Premium	Monthly Premium w/add-on
Under 25 years	\$29.72	\$31.20
25 - 49 years	\$38.73	\$40.66
50 - 64 years	\$82.92	\$87.06

U.S. Citizens - Worldwide Excluding the U.S. \$10,000 per Illness/Injury

Age	Monthly Premium	Monthly Premium w/add-on
Under 25 years	\$21.06	\$22.12
25 - 49 years	\$24.36	\$25.58
50 - 64 years	\$63.19	\$66.35

Europe to Europe Travel Only \$10,000 per Illness/Injury

Age	Monthly Premium	Monthly Premium w/add-on
Under 25 years	\$24.98	\$26.23
25 - 49 years	\$28.89	\$30.34
50 - 64 years	\$74.93	\$78.68

All premium rates for the Patriot Exchange Program plans are effective through 10/1/2011. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under a Patriot Exchange Program plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary and 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.
6. Claims must be presented to IMG for payment within the Period of Coverage or during the three months immediately following the Period of Coverage.

ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in a Patriot Exchange Program plan.

- The member must be actively engaged or participating in an educational or cultural exchange program in the country of assignment through a sponsoring organization or school.
- The member and his/her traveling dependents must have legally departed the Home Country and entered the Host Country and must not be a citizen of the Host Country.

RENEWAL OF COVERAGE

If the Short-Term plans are purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to 48 months. Renewals may be completed by using a paper application.

QUALITY GUARANTEE

Your satisfaction is very important to IMG and the plan underwriter. 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. If you do not have any claims filed with IMG, you may cancel your plan after your effective date, however, the following conditions will apply: **1)** you will be required to pay a \$50 cancellation fee and **2)** only full month premiums will be considered for refunds (e.g., if you choose to cancel your coverage two months and two weeks prior to the date your coverage ends, IMG will only consider the two full months for a refund). If you have filed claims, your premium is non-refundable.

ENROLLMENT PROCESS - HOW TO ENROLL

Short-Term Travel Plans - Before you begin traveling, simply fill out the Application Form and calculate the premium for the time period you and your family will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG. You, your spouse 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 your completed Application Form and the appropriate premium; **2)** the date you depart from your country of citizenship; or **3)** the date requested on the Application Form.

Patriot Exchange Program 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 you return to your country of residence.

ENROLLMENT PROCESSING - FULFILLMENT KITS

Short-Term Travel Plans - 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 your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, which means the insured person or their attending physician must call the number listed on the IMG Identification Card prior to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

For Precertification, emergency evacuation and repatriation, please call: IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

Note: You may begin the Precertification process through MyIMG or the Client Resources section of our website, www.imglobal.com. Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 2 business days. Please note that this online service will only initiate the Precertification process, and it should not be used to Precertify emergency admissions, procedures, or evacuations.

CLAIM PAYMENT

All benefits payable under Patriot Exchange Program are subject to the provisions described in this brochure and as contained in the Certificate Wording and certificate of coverage. To make claim processing efficient, claims may be paid in two ways:

1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed by check directly to the Insured Person.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be paid either to the Insured Person or directly to the provider.

Please mail completed claim forms to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: insurance@imglobal.com.

DESCRIPTION OF BENEFITS

The following is a partial list of benefits and terms that are offered on the Patriot Exchange Program plans.

EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident are covered up to the per injury plan maximum.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) \$250 deductible if treatment does not require admittance to the hospital.

DENTAL:

Injury due to an accident - The Standard Short-Term Travel Plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident.

Sudden dental pain - The Standard Short-Term Travel Plan will pay for the necessary treatment of sudden, unexpected pain to sound natural teeth.

SUDDEN RECURRENCE OF A PRE-EXISTING CONDITION (U.S. CITIZENS ONLY):

Up to \$5,000 will be paid for the eligible expenses of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 14) while traveling outside of the U.S. **In addition, up to \$25,000 will be paid** for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a **Pre-existing Condition**.

INTERNATIONAL EMERGENCY CARE

POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs issues a mandatory evacuation order of the host country that becomes effective on or after the insured person's date of arrival in the host country, the Company will pay up to \$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 issues the evacuation order;
2. Political Evacuation and Repatriation is approved and coordinated by the Company.

EMERGENCY EVACUATION:

Each plan includes coverage for emergency medical evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to the indicated amount per plan design.

EMERGENCY REUNION:

Each plan provides emergency reunion coverage 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. The coverage also includes a round trip air ticket for a relative if the member is hospitalized for seven days or longer.

RETURN OF MORTAL REMAINS:

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered.

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.

INCIDENTAL HOME COUNTRY COVERAGE:

During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to:

- a. The insured person must have left their home country,
- b. The total Period of Coverage must be for a minimum of 30 days, and
- c. The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

ACCIDENTAL DEATH AND DISMEMBERMENT:

Each plan includes a 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 - principal sum. "Member" means hand, foot or eye.

TERRORISM:

Each plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse for eligible medical claims. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is defined as the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand. However, this benefit does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the six months prior to the insured person's date of arrival.

This benefit also does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to depart the country or location.

LOST LUGGAGE:

This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

DESCRIPTION OF OPTIONAL RIDER

ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on both Patriot Exchange Program plans for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on pages four and six: abseiling, aviation, BMX, bobsleigh, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level), skydiving, snow boarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wind-surfing. These adventure activities must be engaged in solely for leisure, recreation, or entertainment purposes.

EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under the Patriot Exchange Program plans.

1. **A Pre-existing Condition** is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder 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 or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto 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. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as expressly provided for in the certificate of insurance.
6. **Venereal disease, 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.
7. **Pregnancy, childbirth, birth control**, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **Injury sustained while participating** in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded unless the Adventure Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, wind-surfing and whitewater rafting.

Racing of any kind, BASE jumping, mountaineering, climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, rodeo activity, ski jumping, whitewater rafting exceeding Class V difficulty, scuba below 10 meters; and/or adventure sports not expressly covered hereunder are excluded regardless of which plan or rider is selected.

9. **Vision or ear tests** and the provision of visual or hearing aids.
10. **Vocational, recreational**, speech or music therapy.
11. **Treatment while confined** primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. **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.
13. **Treatment for, and injuries** and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. **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.
15. **Willful self-inflicted** injury or illness.
16. **Treatment required as** a result of or arising from complications from a treatment or condition not covered under the certificate.
17. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
18. **Treatment for mental** and nervous disorders.
19. **Organ or tissue transplants** or related services.
20. **Illness or injury where** the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
21. **Treatment incurred as a** result of or arising from exposure to nuclear radiation, and/or radioactive material(s).
22. **Charges for Treatment of** a Chronic Illness incurred beyond sixty (60) days from the date of initial Treatment thereof.

This brochure contains only a consolidated and summary description of all current Patriot Exchange Program benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG reserves the right to issue the most current Certificate Wording 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

MyIMGSM

Service at your fingertips anytime, anywhere - that's what MyIMG provides. MyIMG 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 MyIMG 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
- Obtain certificate documents
- Recommend provider/facility
- Initiate precertification
- Locate a provider
- Request ID cards

Locating a Provider

You may also seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG. You can quickly search the network through MyIMG. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider AccessSM (IPA), a database of over 17,000 providers.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to every certificate holder of the Patriot Exchange Program plans. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of **1)** Universal Rx contract price or **2)** the pharmacy regular retail price.

This *discount program* is not insurance coverage. It is purely a discount program to purchasers of the Patriot Exchange Program plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

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, a URAC accredited, on-site specialized division devoted entirely to medical management. ACM's clinical members are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner.

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



Patriot Exchange Program Short-Term Travel Application

To Apply

1. Complete this entire Application Form.
2. If paying by check or money order, please make payable to IMG and enclose in envelope with signed Application Form.
3. Mail or fax completed Application Form to:
International Medical Group, Inc.
P.O. Box 88509, Indianapolis, Indiana 46208-0509 USA
Fax 1.317.655.4505.

Please Print:

Applicant's Name Mr. / Mrs. / Ms.

Last: _____

First: _____ Middle: _____

Country of Citizenship: _____

Home Country: _____

Send Confirmation of Coverage to the following:

Residence address, if different: _____

Phone: _____

If either address above is in Florida, is the applicant currently located in Florida?

(Determines applicable surplus lines tax and will not affect coverage) Yes No

Requested effective date of coverage: _____

Government Issued ID Number: _____

Beneficiaries

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

Individual to notify in case of emergency: _____

Phone number: _____

Selling Producer Use Only	
Producer# _____	GA# _____
Name _____	
Address _____	
City _____	Phone: _____
State _____	Zip Code _____

1010

1. Select the coverage plan and plan option (if applicable).

Standard Plan (see pages 3, 4 & 7) Basic Plan (see pages 5, 6 & 8)

Non-U.S. citizens - Worldwide coverage except home country

- Basic Plan
 Standard Plan: Option Letter: A__ B__ C__

U.S. citizens - Worldwide coverage except U.S.

- Basic Plan
 Standard Plan: Option Letter: A__ B__ C__

Europe to Europe travel only

- Basic Plan
 Standard Plan: Option Letter: A__ B__ C__

Check here if you would like the optional add-on plan

2. Names of individuals to be covered under the certificate:

Insured Name(s)	Date of Birth	Monthly Premium/ Premium w/optional add-on plan
Insured _____	_____	_____
Spouse _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____

Subtotal A

3. $\text{Subtotal A} \times \text{\# of Months} = \text{Total (A)}$

4. Premium calculation

(A) Monthly premium total (from Total (A)) in Section 3	\times	Multiply by 1.20 only if you elect the Adventure Sports Rider	=	Total Premium	+	\$20 optional express mail	=	TOTAL AMOUNT DUE
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Payment Method Check (To IMG) Money Order (To IMG) Wire

MasterCard Visa American Express Discover JCB

eCheck (ACH) available online

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card# _____ Expiration date _____

Name on Card _____

Signature _____

Your Daytime Phone _____

Your Billing Address _____

SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot Exchange Program as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (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 I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its agent and administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate 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 applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under the Certificate of Insurance.

ACKNOWLEDGEMENT I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder 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 and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

MEDICAL RELEASE I (we) hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

CERTIFICATION I (we) hereby certify, represent and warrant that : (i) I (we) have read the foregoing statements and the brochure or that they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) I am (we are) currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind applicant.

Signature (Required) _____

Date _____ Phone _____