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As the Plan Administrator for Visitors Care®,  
IMG acts as the authorized agent for and on behalf of  
Sirius International.



**Sirius**  
International

**Plan Underwriter**

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# Visitors Care®

*Travel medical insurance for non-U.S. citizens  
traveling outside of their home country*



## Why Consider International Travel Medical Insurance?

Traveling abroad can be an exciting experience. But what would happen if you or one of your family members became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical coverage.



Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans may offer adequate domestic coverage, they are not designed for international travel. Without even realizing it, you may be putting your health - and that of your family - at risk.

What if you are injured or become ill during your trip? Could you get quality treatment at an unfamiliar hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby? Who do you call? Imagine trying to call your insurance company or plan administrator at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

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 Visitors Care® to provide you and your family Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical coverage.

## Why Visitors Care?

Visitors Care offers a broad package of scheduled benefits for individuals traveling and/or temporarily residing outside their home country for a minimum of five days. There are nine separate options based on deductible levels and maximum limits. Simply select the option that best fits your needs.

Additionally, the Visitors Care plan offers excellent benefits and services to meet your global travel needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment. You also may seek treatment with the hospital or doctor of your choice - you are not required to use a preferred provider network. However, if you need assistance, you have access to more than 17,000 providers through our International Provider Access<sup>SM</sup> (IPA) when seeking treatment outside the U.S. When seeking treatment in the U.S., you may use the independent Preferred Provider Organization to assist you in locating providers.

## 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 assistance you need no matter where you are. Our goal is to provide you with Coverage Without Boundaries. 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 medical insurance needs.



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



*IMG World Headquarters, Indianapolis, Indiana*

The plan offers benefit maximums of \$25,000, \$50,000 or \$100,000 for the life of the plan, and a choice of deductibles of \$0, \$50, or \$100 applied per period of coverage. When you incur eligible medical expenses, the plan will provide benefits for Usual, Reasonable and Customary charges up to the limits outlined in the Schedule of Benefits below. The four benefits and optional rider below apply to all three plans.

### INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	<b>Plan A:</b> Up to \$25,000 <b>Plan B &amp; C:</b> Up to \$50,000
The plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility in life-threatening situations, and expenses for reasonable transportation resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred. These must be approved and coordinated in advance through IMG.	

Return of Mortal Remains or Cremation/Burial	Up to \$7,500 for Return of Mortal Remains or \$5,000 for Cremation/Burial
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If a covered illness/injury results in death, expenses for repatriation of bodily remains or ashes to the home country will be covered, up to a maximum of \$7,500; or up to \$5,000 for the preparation, local burial or cremation of your mortal remains at the place of death. These must be approved and coordinated in advance through IMG.

*To be eligible for the Evacuation and Return benefits, these must be recommended by the attending physician in life-threatening medical situations, and approved in advance and coordinated by IMG.*

### SPECIAL COVERAGES

Incidental Home Country Coverage	As described below
During the period of coverage, an insured person may return to his/her home country for incidental visits up to a cumulative two weeks total, and retain continuing coverage during such visit(s), subject to: <b>1)</b> The insured person must have left their home country, <b>2)</b> The total Period of Coverage must be for a minimum of 30 days, and <b>3)</b> The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.	

Common Carrier Accidental Death	\$25,000 to Beneficiary
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If accidental death should occur while traveling on a commercial common carrier during the period of coverage, \$25,000 is payable to the designated beneficiary.

### OPTIONAL PRE-EXISTING CONDITION RIDER

	Age	Benefit Amount
Heart Care Plus Rider	0 - 69 70 +	Up to \$5,000 Up to \$2,500
In the event an insured person experiences a Stroke or Myocardial Infarction (Heart Attack) while the certificate is in force, and the condition is deemed to be pre-existing, the plan will cover those expenses associated with said condition up to a maximum of \$5,000 per period of coverage for ages 0 - 69 and up to \$2,500 per period of coverage for ages 70+.		

## SCHEDULE OF BENEFITS

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

### MEDICAL BENEFITS PLAN A - \$25,000 MAXIMUM BENEFIT PER LIFE OF PLAN

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

#### Inpatient Treatment

Hospital room and board	Up to \$825 per day, 30 day maximum per period of coverage
Intensive care	Up to an additional \$400 per day, 8 day maximum per period of coverage
Surgical treatment	Up to \$2,000 per surgical session
Physician consult	Up to \$350 per period of coverage
Pre-admission tests	Up to \$750 per period of coverage
Private duty nurse	Up to \$400 per period of coverage
Physician visits	Up to \$40 per visit, 30 visits per period of coverage

#### Outpatient Treatment

Surgical treatment	Up to \$2,000 per surgical session
Surgical facility fee	Up to \$750 per surgical session
Diagnostic x-ray & lab	Up to \$650 per period of coverage, (\$325 per procedure)
Hospital emergency room	Up to \$200 per visit
Prescription drugs	Up to \$150 per period of coverage
Physician visits	Up to \$50 per visit, 10 visits per period of coverage

#### Miscellaneous Inpatient & Outpatient Treatment

Anesthetist	Up to \$450 per surgical session
Assistant surgeon	Up to \$450 per surgical session

#### Other Coverages

Local ambulance	Up to \$250 per period of coverage
Dental for accident to sound natural teeth	Up to \$350 per period of coverage
Physical therapy	Up to \$25 per visit per day, 12 visits per period of coverage
Extended care facility	Up to \$150 per day, 15 day maximum per period of coverage

**MEDICAL BENEFITS PLAN B -  
\$50,000 MAXIMUM BENEFIT PER LIFE OF PLAN**

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

**Inpatient Treatment**

Hospital room and board	Up to \$1,400 per day, 30 day maximum per period of coverage
Intensive care	Up to an additional \$660 per day, 8 day maximum per period of coverage
Surgical treatment	Up to \$3,300 per surgical session
Physician consult	Up to \$450 per period of coverage
Pre-admission tests	Up to \$1,100 per period of coverage
Private duty nurse	Up to \$550 per period of coverage
Physician visits	Up to \$55 per visit, 30 visits per period of coverage

**Outpatient Treatment**

Surgical treatment	Up to \$3,300 per surgical session
Surgical facility fee	Up to \$900 per surgical session
Diagnostic x-ray & lab	Up to \$800 per period of coverage, (\$400 per procedure)
Hospital emergency room	Up to 75% of URC to \$330 per visit
Prescription drugs	Up to \$250 per period of coverage
Physician visits	Up to \$55 per visit, 10 visits per period of coverage

**Miscellaneous Inpatient & Outpatient Treatment**

Anesthetist	Up to \$825 per surgical session
Assistant surgeon	Up to \$825 per surgical session

**Other Coverages**

Local ambulance	Up to \$450 per period of coverage
Dental for accident to sound natural teeth	Up to \$550 per period of coverage
Physical therapy	Up to \$40 per visit per day, 12 visits per period of coverage
Extended care facility	Up to \$200 per day, 15 day maximum per period of coverage

**MEDICAL BENEFITS PLAN C -  
\$100,000 MAXIMUM BENEFIT PER LIFE OF PLAN**

*Usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable.*

**Inpatient Treatment**

Hospital room and board	Up to \$1,950 per day, 30 day maximum per period of coverage
Intensive care	Up to an additional \$850 per day, 8 day maximum per period of coverage
Surgical treatment	Up to \$5,500 per surgical session
Physician consult	Up to \$500 per period of coverage
Pre-admission tests	Up to \$1,100 per period of coverage
Private duty nurse	Up to \$550 per period of coverage
Physician visits	Up to \$85 per visit, 30 visits per period of coverage

**Outpatient Treatment**

Surgical treatment	Up to \$5,500 per surgical session
Surgical facility fee	Up to \$1,000 per surgical session
Diagnostic x-ray & lab	Up to \$950 per period of coverage, (\$475 per procedure)
Hospital emergency room	Up to 75% of URC to \$550 per visit
Prescription drugs	Up to \$250 per period of coverage
Physician visits	Up to \$85 per visit, 10 visits per period of coverage

**Miscellaneous Inpatient & Outpatient Treatment**

Anesthetist	Up to \$1,375 per surgical session
Assistant surgeon	Up to \$1,375 per surgical session

**Other Coverages**

Local ambulance	Up to \$450 per period of coverage
Dental for accident to sound natural teeth	Up to \$550 per period of coverage
Physical therapy	Up to \$40 per visit per day, 12 visits per period of coverage
Extended care facility	Up to \$250 per day, 15 day maximum per period of coverage



## RATES AND PLAN INFORMATION

### PLAN A - \$25,000 MAXIMUM BENEFIT PER LIFE OF PLAN

Age	Option 1 - \$0 deductible per period of coverage		Option 2 - \$50 deductible per period of coverage		Option 3 - \$100 deductible per period of coverage	
	One Month	Daily	One Month	Daily	One Month	Daily
2 weeks - 29	\$23	\$.77	\$19	\$.64	\$17	\$.57
30 - 39	\$26	\$.87	\$22	\$.74	\$19	\$.64
40 - 49	\$27	\$.90	\$23	\$.77	\$20	\$.67
50 - 59	\$38	\$1.27	\$31	\$1.04	\$29	\$.97
60 - 69	\$47	\$1.57	\$39	\$1.30	\$36	\$1.20
70 - 79	NA	NA	\$61	\$2.04	\$58	\$1.94
80+*	NA	NA	\$122	\$4.07	\$116	\$3.87
Dependent child	\$21	\$.70	\$17	\$.57	\$16	\$.54

\*The maximum amount of coverage for applicants who are 80 years of age or older is \$10,000.

### PLAN B - \$50,000 MAXIMUM BENEFIT PER LIFE OF PLAN

Age	Option 4 - \$0 deductible per period of coverage		Option 5 - \$50 deductible per period of coverage		Option 6 - \$100 deductible per period of coverage	
	One Month	Daily	One Month	Daily	One Month	Daily
2 weeks - 29	\$34	\$1.14	\$29	\$.97	\$26	\$.87
30 - 39	\$40	\$1.34	\$34	\$1.14	\$31	\$1.04
40 - 49	\$41	\$1.37	\$35	\$1.17	\$32	\$1.07
50 - 59	\$57	\$1.90	\$49	\$1.64	\$44	\$1.47
60 - 69	\$71	\$2.37	\$59	\$1.97	\$55	\$1.84
70 - 79	NA	NA	\$91	\$3.04	\$86	\$2.87
Dependent child	\$31	\$1.04	\$26	\$.87	\$23	\$.77

### PLAN C - \$100,000 MAXIMUM BENEFIT PER LIFE OF PLAN

Age	Option 7 - \$0 deductible per period of coverage		Option 8 - \$50 deductible per period of coverage		Option 9 - \$100 deductible per period of coverage	
	One Month	Daily	One Month	Daily	One Month	Daily
2 weeks - 29	\$50	\$1.67	\$41	\$1.37	\$38	\$1.27
30 - 39	\$55	\$1.84	\$46	\$1.54	\$43	\$1.44
40 - 49	\$56	\$1.87	\$47	\$1.57	\$44	\$1.47
50 - 59	\$79	\$2.64	\$65	\$2.17	\$60	\$2.00
60 - 69	\$104	\$3.47	\$87	\$2.90	\$85	\$2.84
70 - 79	NA	NA	\$136	\$4.54	\$132	\$4.40
Dependent child	\$44	\$1.47	\$37	\$1.24	\$34	\$1.14

All premium rates are effective as of 7/1/13. IMG reserves the right to issue the most current rates in the event these expire, are modified or replaced with a newer version. 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 applicable deductible and scheduled limits and sub-limits, and all other terms, conditions and exclusions of the Visitors Care plan as contained in the complete Certificate of Insurance. **2)** Coverage under the plan is secondary to any other available coverage or benefits. **3)** Coverage and benefits are for medically necessary, and usual, reasonable and customary charges only. **4)** Treatment 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 ninety (90) days from the date the claim was incurred.

### ELIGIBILITY

The following conditions (among others) apply to all persons applying for and/or enrolling in the Visitors Care plan:

- Visitors Care is travel insurance for non-U.S. citizens traveling outside their home country and/or country of citizenship.
- For those over age 65 and visiting the U.S., your initial Period of Coverage must begin within 30 days of arrival in the U.S. This requirement will be waived with proof of previous valid insurance. Please provide the name of your insurance carrier on the Application Form. If you are not in the U.S. at the time of application, please indicate your expected date of arrival on your Application Form.

### RENEWAL OF COVERAGE

If your Visitors Care plan is purchased for a minimum of five days, coverage may be renewed (unless there is a break in coverage) for a total of up to two years. Renewals are available in whole month or daily increments and may be completed online. For each renewal you will be charged an additional \$5 processing fee. Each insured person must only satisfy one deductible and coinsurance within each 12 month coverage period. *Please note: Renewal rates may differ from initial rates.*

- Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including the Patient Protection and Affordable Care Act (PPACA).

### QUALITY GUARANTEE

Your satisfaction is very important to IMG. 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. In order to be considered for a full refund, your request for cancellation must be received by IMG prior to your effective date. 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 \$25 cancellation fee and **2)** your refund will be pro-rated based on the amount of time remaining in your period of coverage. If you have filed claims, your premium is non-refundable.

## ENROLLMENT PROCESS & APPLICATION FORM

You should read the following important information prior to completing the Application Form.

### HOW TO ENROLL

Before you begin your travel, simply fill out the Application Form (including your selection of Option 1 through 9) and calculate the premium for the time period you and your family will be traveling. Once you have completed the Application Form, return it to your agent, mail it to IMG or fax it to IMG (1.317.655.4505). 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 under the terms of the Visitors Care plan 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 home country; or **3)** the date requested on your Application Form.

Visitors Care 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 your Application Form; or **3)** the date you return to your home country (however, see Special Coverages, Incidental Home Country Coverage on page 3).

### ENROLLMENT PROCESSING & FULFILLMENT KITS

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 you require express mail delivery, there is an additional charge listed on the Application Form.*

### ONLINE FULFILLMENT KIT

For convenience, approved applicants may choose to communicate electronically and download their fulfillment kit from the IMG website for immediate access. To do this, you must check the appropriate box on the application form. We **must** have your correct email address to complete this process. If IMG has processed and approved your application form, you will receive an email from IMG that contains all of the hyperlinks to easily obtain the fulfillment information through the Internet.

## CLAIMS PROCEDURE

### PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate of Insurance must be Precertified for medical necessity, which means the insured person or their attending physician must communicate with an IMG representative at the number listed on the IMG identification card **prior** to admission 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 eligible for reimbursement must be medically necessary and will be paid or reimbursed at usual, reasonable, and customary rates. Please refer to the Certificate of Insurance for full details of the Precertification requirements.

**For Precertification, emergency evacuation, and return of mortal remains, 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:** An insured person may begin the Precertification process through MyIMG or the Client Resources section of our website, [www.imglobal.com](http://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 two 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 the Visitors Care plan are subject to the terms and conditions in the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways:

1. Eligible expenses that have been paid by or on behalf of the insured person may be reimbursed by check directly to the insured person.
2. Eligible expenses that have not yet been paid by the insured person may, at the option of IMG, be paid either to the insured person or directly to the provider.

**Claim forms can be accessed at [www.imglobal.com](http://www.imglobal.com)** and mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and the Certificate of Insurance are included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: [insurance@imglobal.com](mailto:insurance@imglobal.com).

## EXCLUSIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Patriot plans and include but are not limited to:

- 1. A Pre-existing Condition** which is 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, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed.
- 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. Any illness or injury sustained** while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are also excluded: abseiling, BMX, bobsled ding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating (with proper use of helmet and pads), jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a noncommercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing.

Injury sustained while participating in contact sports of any kind, racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without

proper ropes or guides; luge, motocross, Moto-X, ski jumping, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class V difficulty; and/or any other adventure sports activity.

- 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).

*This brochure contains only a brief summary of current Visitors Care benefits, conditions, limitations and exclusions, and is subject to all the terms and conditions of the full Certificate of Insurance. The complete Certificate of Insurance with all terms, conditions and exclusions will be included in the fulfillment kit sent to approved applicants. The Visitors Care plans are amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate of Insurance for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Samples of current Certificate wordings are available upon request.*

**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so. Please note that it is solely your responsibility to determine if PPACA is applicable to you.

**APPLICATION FORM** Applicant information: *Please print legibly and complete ALL SECTIONS of this application.*

**Visitors Care®**

(Circle one) Mr. Mrs. Ms.  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Government Issued ID Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Home Country \_\_\_\_\_

Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Destination Country(ies) \_\_\_\_\_ *Please indicate beneficiaries for the common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.*

**Send Confirmation of Coverage and Fulfillment Kit to:**  I will use the Online Fulfillment Kit Option *(see page 9 for details - email address required)*

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

If the address above is in Florida, is the applicant currently located in Florida?  Yes  No *(Determines applicable surplus lines tax and will not affect coverage)*

**Calculating your premium. Select the coverage plan, plan option and whether you would like the optional rider.**

**Plan A:**  Option 1  Option 2  Option 3 **Plan B:**  Option 4  Option 5  Option 6 **Plan C:**  Option 7  Option 8  Option 9  Optional Rider

**Requested Effective Date** *(see How to Enroll Section):* \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year **Date of Arrival in USA:** \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year

**Date of Departure from your Home Country:** \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year **Date of Return to your Home Country:** \_\_\_\_/\_\_\_\_/\_\_\_\_ month/day/year

**Applicants over age 65:** Current Carrier *(see page 8 for details):*

Date of arrival in the U.S.: \_\_\_\_\_ **OR** Expiration date of current coverage: \_\_\_\_\_

**Names of Persons to be insured:**

Names of Persons to be insured:	Date of Birth (month/day/year) REQUIRED	Age	Monthly Rate*	# of months	Daily Rate*	# of days
Applicant _____	____/____/____	____	X = _____	_____	X = _____	_____
Spouse _____	____/____/____	____	X = _____	_____	X = _____	_____
Child _____	____/____/____	____	X = _____	_____	X = _____	_____
Child _____	____/____/____	____	X = _____	_____	X = _____	_____

*Please attach additional sheet for more children*

**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 Visitors Care 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 managing general underwriter and plan 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 issued to me (us).

**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.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)** I understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) on January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so, (iii) my eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA, and (iv) I understand that it is solely my responsibility to determine if PPACA is applicable to me.

**X** Signature of Insured or Proxy \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Total (A)		Total (B)	
(A) total monthly premium (from Total (A) above)	+	(B) total daily premium (from Total (B) above)	=
_____		_____	x
			=
			<b>1.29</b>
			<b>(Optional rider)</b>
			=
			\$
			<b>Total Amount Due</b>
			\$20 Optional Express Mail

**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 Amount Due. Coverage purchased by credit card is subject to validation and acceptance by credit card company. By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use the card and, if not, will take full responsibility for the payment and any charges accruing to it. I agree to comply with the cardholder agreement.*

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder Daytime Phone \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

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