

VISITORS MEDICAL PROTECTION™

Travel/ Visitors Insurance™ for Non-U.S. Nationals and U.S. Citizens traveling worldwide

Administered by International Medical Group®, Inc. and underwritten by Sirius International Insurance Corporation



**\$50
Dr. Visit
Co-Pay**
.....
**90% or 100%
PPO Benefit**



VISITORS INSURANCE™.com

Int'l Travel Insurance experts over 32 years

A Division of Community Insurance Agency, Inc

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Traveling throughout the world can be exciting. But what would happen if you or a member of your family becomes ill or is injured during your journeys? Many travelers are concerned about the potential out-of-pocket expenses that could result. That is why you need international medical insurance to protect your family and yourself.

Visitors Insurance.com, a division of Community Insurance Agency™, Inc., in conjunction with the underwriting company Sirius International Insurance Corporation (publ) (the Company), acting by and through its managing general underwriter and the plan administrator, International Medical Group®, Inc. (IMG®), has designed Visitors Medical Protection™ (VMP™) (the Plan). **This is a worldwide coverage excluding country of citizenship.**

This brochure provides a brief description of the plan, and is subject to the complete terms and conditions of the certificate of coverage which will be mailed to you after your application has been accepted by the Company. All coverages, benefits, and premiums listed in this brochure are in U.S. dollar amounts.

Period of Coverage

Effective date - 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 your Application Form.

Expiration date - 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 country of residence (however, see End of Trip Home Country Coverage).

This plan must be purchased for a minimum of five days. If the initial purchase is for one month or more, the plan is renewable (without break in coverage) in monthly increments up to a maximum total of 24 continuous months. However, any one certificate period may not exceed 12 months. For each renewal, you will be charged a fee of US\$5 in addition to the premium costs. An insured person must satisfy only one deductible and coinsurance within each yearly coverage period.

After 24 months of continuous coverage, Visitors Medical Protection™ can be rewritten for succeeding or subsequent periods. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions will apply and a new application must also be completed.

Eligibility Requirements

The following conditions apply to all persons applying for and/or enrolling in Visitors Medical Protection™.

- VMP™ is travel insurance for non-U.S. citizens traveling outside of their home country and for U.S. citizens traveling outside the United States.
- If visiting the U.S., your initial Period of Coverage must begin within 90 days of arrival in the US. Please attach a copy of your Visitor's Visa to the Application Form. 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.
- If visiting the U.S., the Plan provides benefits to foreign nationals, including international visitors, or temporary residents, subject to the terms and conditions of the certificate of coverage.

Schedule of Benefits

Deductible - Your choice of US\$100, \$250, \$500, \$1,000 or \$2,500 deductible per insured person, per coverage period.

\$50 Doctor Office Visit Copay

Coinsurance - Plan A in PPO Network: Pays 90% of eligible expenses up to the Maximum Limit. *Plan A out of PPO Network: Pays 70%* of eligible expenses up to the Maximum Limit. **Outside the U.S. & Canada: No Coinsurance (100%).**

Coinsurance - Plan B in PPO Network: Pays 100% of eligible expenses up to the Maximum Limit. *Plan B out of PPO Network: Pays 70% of the next US\$5,000 then 100% of eligible expenses up to the Maximum Limit.* **Outside the U.S. & Canada: No Coinsurance (100%).**

(For PPO providers see *Locating a Provider* on page 7)

Benefit Period - If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the six-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the Period of Coverage expired, benefits for the covered injury or illness will continue subject to the Maximum Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

Period of Coverage - Minimum 5 days and maximum 12 consecutive months for any one policy period.

Emergency Medical Evacuation - Up to US\$100,000 lifetime maximum when coordinated through the Plan Administrator. This 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 country of residence or the country where the evacuation occurred.

Return of Mortal Remains or Cremation/Burial - If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the country of residence will be covered up to a maximum of US\$20,000 per adult and US\$5,000 per child; or up to \$5,000 for the preparation, local burial or cremation of your mortal remains at the place of death, when coordinated through the Plan Administrator.

Emergency Reunion - Up to US\$15,000 per period of coverage when coordinated through the Plan Administrator. This Plan provides emergency reunion coverage, up to US\$15,000 for a maximum of 15 days, 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 country of residence to be reunited with the insured.

Returning Minor Children - Up to US\$5,000 lifetime maximum when coordinated through the Plan Administrator. If a covered illness/injury results in a hospitalization and/or death of the insured person, and he/she is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Plan will pay up to US\$5,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

Local Ambulance - To Maximum Limit.

Accidental Death and Dismemberment - US\$25,000 principal sum. The Plan includes US\$25,000 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 – 50% of principal sum. *"Member" means hand, foot or eye. For additional information please see the Conditions of Coverage section.*

Hospital Room and Board - Average semi-private room rate up to the Maximum Limit.

Intensive Care - Usual, reasonable and customary up to the Maximum Limit.

Medical Expenses - Usual, reasonable and customary up to the Maximum Limit.

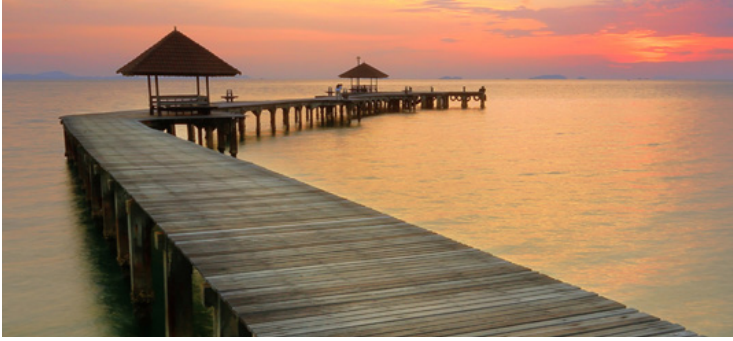
Outpatient Medical - Usual, reasonable and customary up to the Maximum Limit.

Emergency Room - Charges incurred for the use of the Emergency Room due to an accident are covered up to the Maximum Limit. Charges incurred for the use of the Emergency Room for the treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admission to the hospital.

Prescription Drugs - 80% after the deductible up to the Maximum Limit.

Dental - Injury due to an accident: The Plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident up to the Maximum Limit. **Sudden dental emergency:** The Plan will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.





Special Coverages

Incidental Home Country Coverage - During the Period of Coverage an insured person may return to his/her country of residence for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their country of residence, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the country of residence may not be taken to receive treatment for an illness or injury incurred while traveling.

End of Trip Home Country Coverage - For every five months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of two months. To purchase this special home country extension coverage, please check the appropriate box on the Application Form, and calculate your premium to include the additional month(s).

Trip Interruption - Up to US\$5,000. If, during a covered trip, there is an unexpected death of an immediate family member (spouse, child, parent or sibling), a break-in at the insured's principal residence, or the substantial destruction of the insured's principal residence due to a fire or natural disaster, VMP pays to return the insured to the area of principal residence. The plan pays for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

Lost Luggage - Up to US\$50 per item of personal property; maximum of US\$250 per Period of Coverage. This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage while in transit. This coverage is secondary to any other available reimbursement, including the Carrier's.

Common Carrier Accidental Death - US\$50,000 to Beneficiary; maximum of US\$250,000 per family. If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family.

Sports & Activities Coverage - VMP™ covers injuries incurred during athletic activities which are non-organized, non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. Some of these sports and activities include, but are not limited to, motor cycle/motorscooter riding, recreational downhill and/or cross country snow skiing, horseback riding, sub-aquatic activities (to 10m), wakeboarding, and water skiing. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or government body), or the International Olympic Committee, and or Adventure Sports. Please note this is only a summary of sports and activities and exclusions. For additional information, please refer to the Certificate of Insurance.

Exclusions

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

1. *Pre-existing Conditions.* 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.*
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 excluded unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsledding, 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 non-commercial 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. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity. 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 adventure sports activity 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. *Any infection of the urinary tract (or illness arising therefrom), that occurs within ninety (90) days of the Effective Date of coverage and that requires Treatment of the Insured Person in a Hospital; provided that any such illness will be deemed by the Company to be a Pre-existing Condition.*

This brochure contains only a brief summary of current VMP™ benefits, conditions, limitations and exclusions, and is subject to all of 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 plan is 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.

PLAN A

VMP™ MONTHLY RATES - **90% / 10% IN PPO NETWORK**
 up to Maximum Limit after deductible met (Options 1,2,3,4)
 (70% / 30% out of PPO Network up to the Maximum Limit)
 100% outside the U.S. and Canada

OPTION 1

US\$25,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$23	\$21	\$19	\$17	\$14
18 - 29	\$36	\$33	\$30	\$26	\$23
30 - 39	\$46	\$42	\$38	\$34	\$30
40 - 49	\$71	\$65	\$57	\$52	\$46
50 - 59	\$101	\$92	\$84	\$73	\$65
60 - 64	\$127	\$116	\$106	\$94	\$81
65 - 69	\$146	\$133	\$120	\$107	\$94
70 - 79	\$196	\$178	\$159	\$143	\$124
80+*	\$371	\$337	\$305	\$269	\$237

*\$15,000 maximum limit

OPTION 2

US\$50,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$25	\$23	\$21	\$19	\$15
18 - 29	\$40	\$36	\$33	\$29	\$25
30 - 39	\$51	\$46	\$42	\$37	\$33
40 - 49	\$78	\$71	\$63	\$57	\$50
50 - 59	\$111	\$101	\$92	\$80	\$71
60 - 64	\$140	\$127	\$116	\$103	\$89
65 - 69	\$161	\$146	\$132	\$118	\$103
70 - 79	\$215	\$196	\$175	\$157	\$136

OPTION 3

US\$100,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$29	\$26	\$24	\$22	\$18
18 - 29	\$46	\$42	\$38	\$34	\$30
30 - 39	\$62	\$56	\$50	\$44	\$40
40 - 49	\$88	\$80	\$72	\$64	\$56
50 - 59	\$136	\$124	\$112	\$100	\$86
60 - 64	\$174	\$158	\$143	\$126	\$110
65 - 69	\$210	\$190	\$171	\$152	\$134

OPTION 4

US\$250,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$33	\$30	\$28	\$24	\$20
18 - 29	\$64	\$58	\$52	\$46	\$40
30 - 39	\$79	\$72	\$66	\$58	\$50
40 - 49	\$117	\$106	\$94	\$84	\$74
50 - 59	\$183	\$166	\$150	\$132	\$116
60 - 64	\$231	\$210	\$190	\$169	\$147
65 - 69	\$269	\$244	\$221	\$195	\$171

PLAN A

VMP™ DAILY RATES (5 day minimum) - **90% / 10% IN PPO NETWORK**
 up to Maximum Limit after deductible met (Options 1,2,3,4)
 (70% / 30% out of PPO Network up to the Maximum Limit)
 100% outside the U.S. and Canada

OPTION 1

US\$25,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$.77	\$.70	\$.64	\$.58	\$.46
18 - 29	\$1.20	\$1.09	\$1.00	\$.88	\$.76
30 - 39	\$1.53	\$1.40	\$1.27	\$1.12	\$1.00
40 - 49	\$2.37	\$2.15	\$1.91	\$1.73	\$1.52
50 - 59	\$3.37	\$3.06	\$2.79	\$2.43	\$2.15
60 - 64	\$4.24	\$3.85	\$3.52	\$3.12	\$2.70
65 - 69	\$4.87	\$4.43	\$4.00	\$3.58	\$3.12
70 - 79	\$6.54	\$5.95	\$5.31	\$4.76	\$4.13
80+*	\$12.37	\$11.23	\$10.17	\$8.97	\$7.90

*\$15,000 maximum limit

OPTION 2

US\$50,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$.84	\$.77	\$.70	\$.63	\$.50
18 - 29	\$1.32	\$1.20	\$1.10	\$.97	\$.83
30 - 39	\$1.69	\$1.53	\$1.40	\$1.23	\$1.10
40 - 49	\$2.60	\$2.37	\$2.10	\$1.90	\$1.67
50 - 59	\$3.70	\$3.37	\$3.07	\$2.67	\$2.37
60 - 64	\$4.66	\$4.23	\$3.87	\$3.43	\$2.97
65 - 69	\$5.37	\$4.87	\$4.40	\$3.93	\$3.43
70 - 79	\$7.17	\$6.53	\$5.83	\$5.23	\$4.53

OPTION 3

US\$100,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$.95	\$.87	\$.80	\$.73	\$.60
18 - 29	\$1.54	\$1.40	\$1.27	\$1.13	\$1.00
30 - 39	\$2.05	\$1.87	\$1.67	\$1.47	\$1.33
40 - 49	\$2.93	\$2.67	\$2.40	\$2.13	\$1.87
50 - 59	\$4.55	\$4.13	\$3.73	\$3.33	\$2.87
60 - 64	\$5.80	\$5.27	\$4.77	\$4.20	\$3.67
65 - 69	\$7.00	\$6.33	\$5.70	\$5.07	\$4.47

OPTION 4

US\$250,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$1.10	\$1.00	\$.93	\$.80	\$.67
18 - 29	\$2.13	\$1.93	\$1.73	\$1.53	\$1.33
30 - 39	\$2.64	\$2.40	\$2.20	\$1.93	\$1.67
40 - 49	\$3.89	\$3.53	\$3.13	\$2.80	\$2.47
50 - 59	\$6.09	\$5.53	\$5.00	\$4.40	\$3.87
60 - 64	\$7.70	\$7.00	\$6.33	\$5.63	\$4.90
65 - 69	\$8.97	\$8.13	\$7.37	\$6.50	\$5.70

PLAN B

VMP™ MONTHLY RATES - **100% IN PPO NETWORK**
 up to Maximum Limit after deductible met (Options 5,6,7,8)
 (70% / 30% out of PPO Network to \$5,000, then 100% to the Maximum Limit)
 100% outside the U.S. and Canada

OPTION 5

US\$25,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$30	\$27	\$25	\$22	\$19
18-29	\$46	\$42	\$38	\$33	\$29
30-39	\$59	\$54	\$48	\$43	\$38
40-49	\$90	\$82	\$74	\$66	\$57
50-59	\$129	\$117	\$106	\$94	\$82
60-64	\$163	\$148	\$133	\$119	\$104
65-69	\$186	\$169	\$152	\$135	\$118
70-79	\$252	\$229	\$206	\$183	\$161
80+*	\$480	\$436	\$392	\$349	\$305
*\$15,000 maximum limit					

OPTION 6

US\$50,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$33	\$30	\$27	\$24	\$21
18-29	\$51	\$46	\$41	\$37	\$32
30-39	\$65	\$59	\$53	\$47	\$41
40-49	\$99	\$90	\$81	\$72	\$63
50-59	\$142	\$129	\$116	\$103	\$90
60-64	\$179	\$163	\$147	\$130	\$114
65-69	\$205	\$186	\$167	\$149	\$130
70-79	\$277	\$252	\$227	\$202	\$176

OPTION 7

US\$100,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$36	\$33	\$30	\$26	\$23
18-29	\$58	\$53	\$48	\$42	\$37
30-39	\$76	\$69	\$62	\$55	\$48
40-49	\$111	\$101	\$91	\$81	\$71
50-59	\$172	\$156	\$140	\$125	\$109
60-64	\$218	\$198	\$178	\$158	\$139
65-69	\$262	\$238	\$214	\$190	\$167

OPTION 8

US\$250,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$43	\$39	\$35	\$31	\$27
18-29	\$80	\$73	\$66	\$58	\$51
30-39	\$101	\$92	\$83	\$74	\$64
40-49	\$147	\$134	\$121	\$107	\$94
50-59	\$232	\$211	\$190	\$169	\$148
60-64	\$295	\$268	\$241	\$214	\$188
65-69	\$344	\$313	\$282	\$250	\$219

PLAN B

VMP™ DAILY RATES (5 day minimum) - **100% IN PPO NETWORK**
 up to Maximum Limit after deductible met (Options 5,6,7,8)
 (70% / 30% out of PPO Network to \$5,000, then 100% to the Maximum Limit)
 100% outside the U.S. and Canada

OPTION 5

US\$25,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$1.00	\$0.91	\$0.82	\$0.73	\$0.64
18-29	\$1.53	\$1.40	\$1.26	\$1.12	\$0.98
30-39	\$1.97	\$1.79	\$1.61	\$1.43	\$1.25
40-49	\$3.00	\$2.73	\$2.46	\$2.18	\$1.91
50-59	\$4.30	\$3.91	\$3.52	\$3.13	\$2.74
60-64	\$5.44	\$4.94	\$4.45	\$3.96	\$3.46
65-69	\$6.21	\$5.64	\$5.08	\$4.51	\$3.95
70-79	\$8.41	\$7.64	\$6.88	\$6.12	\$5.35
80+*	\$16.00	\$14.53	\$13.08	\$11.63	\$10.17
*\$15,000 maximum limit					

OPTION 6

US\$50,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$1.10	\$1.00	\$0.90	\$0.80	\$0.70
18-29	\$1.69	\$1.53	\$1.38	\$1.23	\$1.07
30-39	\$2.16	\$1.97	\$1.77	\$1.57	\$1.38
40-49	\$3.30	\$3.00	\$2.70	\$2.40	\$2.10
50-59	\$4.73	\$4.30	\$3.87	\$3.44	\$3.01
60-64	\$5.98	\$5.43	\$4.89	\$4.35	\$3.80
65-69	\$6.82	\$6.20	\$5.58	\$4.96	\$4.34
70-79	\$9.24	\$8.40	\$7.56	\$6.72	\$5.88

OPTION 7

US\$100,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$1.21	\$1.10	\$0.99	\$0.88	\$0.77
18-29	\$1.94	\$1.77	\$1.59	\$1.41	\$1.24
30-39	\$2.53	\$2.30	\$2.07	\$1.84	\$1.61
40-49	\$3.70	\$3.37	\$3.03	\$2.69	\$2.36
50-59	\$5.72	\$5.20	\$4.68	\$4.16	\$3.64
60-64	\$7.26	\$6.60	\$5.94	\$5.28	\$4.62
65-69	\$8.73	\$7.93	\$7.14	\$6.35	\$5.55

OPTION 8

US\$250,000 Maximum Limit					
Deductible	US\$100	US\$250	US\$500	US\$1,000	US\$2,500
Under 18	\$1.43	\$1.30	\$1.17	\$1.04	\$0.91
18-29	\$2.68	\$2.43	\$2.19	\$1.95	\$1.70
30-39	\$3.37	\$3.07	\$2.76	\$2.45	\$2.15
40-49	\$4.91	\$4.47	\$4.02	\$3.57	\$3.13
50-59	\$7.74	\$7.03	\$6.33	\$5.63	\$4.92
60-64	\$9.83	\$8.93	\$8.04	\$7.15	\$6.25
65-69	\$11.48	\$10.43	\$9.39	\$8.35	\$7.30



APPLICATION FOR Visitors Medical Protection™

Applicant Information

ADDRESS IN THE HOME COUNTRY:

Applicant's Last Name _____
 First _____ Middle _____
 Home Country Address _____
 City/State _____
 Postal Code _____ Country _____
 Passport Number _____
 Passport From (Country) _____
 Country of Citizenship _____
 Date of Departure from Home Country _____
 Destination Country(ies) _____
 Beneficiary* (for AD&D) _____
**The applicant will be the beneficiary for spouse & dependent children*
 Relationship _____

Please complete if applicable. See Eligibility Requirements for more information.

Current Carrier _____
 Date of arrival in the U.S. _____ OR _____
 Expiration date of current coverage _____

I will use the Online Fulfillment Kit Option (must supply e-mail address)
 OR Send confirmation of coverage and fulfillment kit to:

Name _____
 Address _____
 City/State _____ Postal Code _____
 Work Phone _____ Home Phone _____
 E-mail address _____

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)

Requested effective date: _____ / _____ / _____
 Requested expiration date: _____ / _____ / _____

Minimum period of coverage is 5 days and the maximum is 12 consecutive months for any one certificate period

Calculating Your Premiums & Payment

Select your coverage, plan & deductible (Please check one box each)

\$25,000 Coverage \$50,000 Coverage
 \$100,000 Coverage \$250,000 Coverage
 Plan A: 90/10% in PPO network up to the Maximum Limit, or 70/30% out of PPO network up to the Maximum Limit. 100% outside the US and Canada.
 Plan B: 100% in PPO network up to the Maximum Limit, or 70/30% out of PPO network to \$5,000 then 100% to the Maximum Limit. 100% outside the US and Canada.
 Deductible: \$100 \$250 \$500 \$1,000 \$2,500
 Check here for End of Trip Home Country Coverage (see page 3 for details)

Name of the person to be insured: _____ Date of Birth _____
 Applicant _____ month/day/year
 Spouse _____
 Child _____
 Child _____

	# of months	# of months HC	Monthly Rate	Daily Rate	# of days
Applicant	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____
			Total (A)	Total (B)	
(A)	(B)	_____ X _____ = _____		_____	
				Multiply by 1.20 only for Optional Adventure Sports Rider	
				Total Amount Due	

Payment Method:

- Check (To IMG) Wire Money Order (To IMG) 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 # _____ Expiration Date _____

Cardholder Name _____

Signature _____

Cardholder Daytime Phone _____

Cardholder Address _____

SUBSCRIPTION I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Visitors Medical Protection™ insurance coverage as offered by Sirius International Insurance Corporation ("the Company") on the date of its receipt of this application. I (we) understand and agree that: (i) the insurance applied for is not accident and sickness, medical, or health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) no coverage will be effective until the required premium has been paid and this Application has been duly 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 authorized representative of the Company, (iv) IMG and the Company will rely on the accuracy, truthfulness, and completeness of the information provided herein, (v) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (vi) 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 selected managing general underwriter and plan administrator, and (vii) the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance shall be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any legal proceeding relating to this insurance shall be in the courts of Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the Certificate of Insurance and understand and acknowledge the laws of the state in which I incur medical expenses or maintain my residence do not apply.

ACKNOWLEDGEMENT I (we) understand and agree that: (i) marketing materials and certificate wordings were available prior to application upon request, (ii) the insurance producer assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) this insurance provides only limited coverage, up to US\$5,000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of 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 any time prior thereto, 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 (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions or in excess of such limit will be excluded from coverage under this insurance, (iv) 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 (v) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided thereunder, and IMG acts solely as agent for the Company and has no direct or independent liability under the Master Policy or any Certificate of Insurance.

CERTIFICATION I (we) hereby certify, represent and warrant to IMG and the Company that: (i) I (we) have read this Application and the brochure and I (we) understand them, (ii) I am (we are) currently in good health and I (we) 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 condition which I (we) foresee may require treatment during the period of coverage or for which I (we) intend to claim under this insurance, (iii) any information or documents provided by the undersigned prior to and after the date of the application and facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief, and (iv) if this Application is signed as legal representative, proxy or agent of the applicant, the signer warrants their authority and capacity to so act and 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 the applicant.

AUTHORIZATION FOR RELEASE OF INFORMATION I (we) authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has provided care, advice, diagnosis, payment, treatment, or services to me or on my behalf, has any records or knowledge of my health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to disclose my entire medical record, file, history, medications, and any other information concerning me and to give any and all such information to authorized representatives of International Medical Group, Inc., its affiliates, and subsidiaries ("IMG"). Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

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 APPLICANT OR PROXY _____ DATE _____

Premium Rates

All premium rates are in U.S. dollars and 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.

Adventure Sports Rider

The Adventure Sports Rider is available for those up to the age of 65. The following activities are covered to the lifetime maximum amounts of \$50,000 (ages 0-49), \$30,000 (ages 50-59), and \$15,000 (ages 60-64) as long as they are engaged in solely for leisure, recreation, or entertainment purposes: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snorkeling, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity. Certain sports activities are never covered, regardless of whether or not you purchase the Adventure Sports Rider. Please see page 3, exclusion 8. Please note this is only a summary of Adventure Sports and exclusions. For additional information, please refer to the Certificate of Insurance.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to every certificate holder of the VMP™ 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 VMP™ plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

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 VMP™ is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, 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 or the Benefit Period.
6. Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

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. 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 US\$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.

Locating a Provider

With VMP™ you may 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 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. Additionally, to help locate health care providers outside the U.S., IMG provides its online International Provider Access (IPA), a database of over 17,000 providers.

Precertification

Each proposed hospital admission, inpatient or outpatient 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 Wording 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.imgglobal.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 VMP™ are subject to the terms and conditions of the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways:

7. Eligible expenses that have been paid by or on behalf of the insured person may be reimbursed by check directly to the insured person.
8. 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.imgglobal.com and mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate of Insurances are included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: insurance@imgglobal.com.

Emergency Medical Evacuation, Emergency Reunion and Repatriation Coverage

1. All Conditions and Exclusions apply to these coverages.
2. All Emergency Medical Evacuation, Emergency Reunion and Repatriation expenses, including all costs arising from trips outside the country where the incident which gave rise to the claim occurred, must be approved and coordinated in advance by IMG to be eligible for coverage.

Enrollment Processing & Fulfillment Kits

Application forms are normally processed within 24 hours of receipt. Once the application process is complete, the approved applicants can request the Company to 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 coverage under the contract.

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 listed 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.

PLAN ADMINISTRATOR



As a leader in the international health insurance market, IMG® has provided Global Peace of Mind® and medical security to over a million people worldwide in more than 170 countries. For over 20 years, IMG has provided top-tier global medical insurance benefits and has developed a reputation of excellence in the international community. IMG's goal is to make the medical process smooth and efficient. With its around-the-clock medical management services, multilingual claims administrators and highly trained customer service professionals, IMG is confident in its ability to provide the products international travelers need, backed by the services they want. IMG is based in Indianapolis, Indiana USA and is your single resource for international travel needs.

PLAN UNDERWRITER



Our globally recognized underwriter, Sirius International Insurance Corporation (publ), offers the financial security and reputation demanded by international consumers. Rated A (excellent) by A.M. Best and A- by Standard & Poor's, Sirius International shares our vision of the international marketplace and offers the stability of a well-established insurance company.

For Additional Information Please Contact:



1-847-897-5120

1-800-344-9540

Fax: 1-847-897-5130

info@VisitorsInsurance.com

www.visitorsinsurance.com

Enrolling

If paying by check or money order, please make it payable to IMG and mail your completed application to the following address. If paying by credit card, please mail or fax the application to:



QUALITY SERVICE TO THE COMMUNITY SINCE 1980

Community Insurance Agency™, Inc.

425 Huehl Rd. Suite 22-A

Northbrook, IL 60062

Fax: 1-847-897-5130

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