



INTERNATIONAL MEDICAL GROUP

Plan Administrator

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As the Plan Administrator for Patriot Group Travel Medical Insurance®, IMG acts as the authorized agent for and on behalf of Sirius International.



Plan Underwriter

These Patriot Group Travel Medical Insurance plans are 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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INTERNATIONAL MEDICAL GROUP

**Patriot Group Travel
Medical Insurance®**

*Medical insurance for groups
of five or more traveling abroad*



**PATRIOT INTERNATIONAL®
GROUP COVERAGE**

*Group travel medical insurance for
U.S. citizens traveling abroad*

**PATRIOT AMERICA®
GROUP COVERAGE**

*Group travel medical insurance for
non-U.S. citizens traveling outside their
country of citizenship*

The uncertainties of travel



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

If your group is planning a trip to another country, think about these questions:

What would you do if a member of the group is injured during the trip? How would you deal with the language and currency barriers? Who would you call? Imagine trying to call your insurance company at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

What if you are hosting a group from another country? Would those group members be covered while in your country? Would your organization be responsible for their medical costs?

You have enough things to worry. Don't let medical coverage be one of them. International Medical Group® (IMG®) has developed Patriot Group Travel Medical Insurance® plans to provide you and your group Coverage Without Boundaries®. Each plan offers a complete package of international benefits and 24 hour availability. Simply select the one that best fits your needs.

The experienced plan administrator



IMG World Headquarters, Indianapolis, Indiana

Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides coverage services to individuals, families, and groups in more than 150 countries.

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claims administrators, on-site medical staff and customer service professionals work together to ensure that your medical needs are met. We process as many as 100,000 claims each year from countries throughout the world, and can confidently handle virtually any language or currency.

To give you true Global Peace of Mind®, IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. Our customer service is routinely rated among the highest in the industry. You can rest assured that IMG will be there for you, whether it be for routine treatment or during a medical emergency.

IMG gives you worldwide coverage experience, impeccable service and international expertise. Don't leave your medical care to chance. Let IMG reduce the uncertainties of international travel for you and your group members.

SCHEDULE OF BENEFITS

MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible and coinsurance

Hospital Room and Board	To Policy Maximum for average semi-private room rate
Intensive Care	To Policy Maximum
Medical Expenses	To Policy Maximum
Outpatient Medical	To Policy Maximum
Local Ambulance	To Policy Maximum
Emergency Room	As described below

Charges incurred for the use of the Emergency Room due to an accident are covered up to the Policy Maximum.

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

Dental	As described below
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Injury due to an accident: Each Patriot Group 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 Policy Maximum.

Sudden dental pain: Each plan will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	To Policy Maximum when coordinated through the Plan Administrator
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Each Patriot Group 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, up to the policy limit.

Emergency Reunion	To US\$15,000 when coordinated through the Plan Administrator
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Each Patriot Group plan also 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.

SCHEDULE OF BENEFITS

Repatriation	To US\$25,000 when coordinated through the Plan Administrator
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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\$25,000.

Returning Minor Children	To US\$5,000 when coordinated through the Plan Administrator
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If an insured person is hospitalized due to a covered illness/injury and is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Patriot Group plans 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).

PLAN INFORMATION

Deductible	Your choice of US\$100, \$250, \$500, \$1,000 or \$2,500
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On the Application Form, you will be asked to circle your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

Coinsurance	As described below
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For treatment received outside the US & Canada: No coinsurance

For treatment received within the US & Canada: The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

Benefit Period	Six months
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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 Policy Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

SPECIAL COVERAGES

Home Country Coverage	As described below
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Incidental Home Country Coverage - During the Period of Coverage an insured person may return to their 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 six 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).

SCHEDULE OF BENEFITS

Trip Interruption To US\$5,000

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, each Patriot Group plan will pay to return the insured to the area of principal residence. The plan will pay 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 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. This coverage is secondary to any other available coverage, including the Carrier's.

Common Carrier Accidental Death US\$50,000 to Beneficiary; maximum of US\$250,000 per family of group

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 of group.

Sports & Activities Coverage To Policy Maximum for basic sports as described below

Each Patriot Group plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include 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: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, windsurfing and whitewater rafting.

Optional Sports Rider: This rider adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For more sports coverage, please review IMG's Patriot ExtremeSM plan.

Accidental Death & Dismemberment US\$25,000 principal sum

Each Patriot Group 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 more information, see the Conditions of Coverage section on page 12.

NON-US CITIZENS COVERAGE FROM 10 DAYS TO 1 YEAR

Patriot America[®] provides coverage for non-US citizens traveling outside their country of citizenship for a minimum of 10 days up to a maximum of one year. Although the Patriot America group plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed. If any group member applying for coverage is age 65 or older, please see the Eligibility section on page 14 for additional information.

Details on optional riders can be found on page 9, and more information on calculating your rates can be found on page 15.

All premium rates are in US dollars and are effective through 12/31/05. Rates include 2.5% surplus lines tax. A dependent child is a child shown on the Application Form over 14 days and under 18 years of age, traveling with the group as a dependent of a group member, and for whom premium has been paid.

ONE MONTH RATES (four Policy Maximum options)

	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
Age	One Month	One Month	One Month	One Month
18-29	\$43	\$50	\$64	\$75
30-39	\$55	\$66	\$84	\$97
40-49	\$84	\$95	\$126	\$142
50-59	\$120	\$147	\$178	\$205
60-64	\$142	\$174	\$207	\$248
65-69	\$162	\$208	\$226	\$270
70-79	\$219	N/A	N/A	N/A
80+*	\$381	N/A	N/A	N/A
Dep. Child	\$25	\$28	\$36	\$39
Child Alone	\$39	\$46	\$59	\$66

*US\$10,000 Maximum

DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)

	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
Age	Daily	Daily	Daily	Daily
18-29	\$1.40	\$1.70	\$2.15	\$2.50
30-39	\$1.80	\$2.20	\$2.80	\$3.20
40-49	\$2.80	\$3.15	\$4.20	\$4.75
50-59	\$4.00	\$4.90	\$5.95	\$6.80
60-64	\$4.75	\$5.80	\$6.90	\$8.30
65-69	\$5.40	\$6.95	\$7.55	\$9.00
70-79	\$7.30	N/A	N/A	N/A
80+*	\$12.70	N/A	N/A	N/A
Dep. Child	\$.80	\$.95	\$1.20	\$1.30
Child Alone	\$1.30	\$1.55	\$1.95	\$2.20

*US\$10,000 Maximum

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

US CITIZENS COVERAGE FROM 10 DAYS TO 1 YEAR

Patriot International® provides coverage for US citizens traveling abroad for a minimum of 10 days up to a maximum of one year. Although the Patriot International group plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed.

In addition to the benefits listed on pages 3 through 5, Patriot International for US citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

Sudden Recurrence of a Pre-existing Condition - Up to US\$15,000 will be paid for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside of the US. In addition, up to US\$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. For the definition of a Pre-existing Condition, please see Exclusion number 1 on pages 10.

Indemnity - Patriot International will pay directly to the insured person US\$100 for each night of a required overnight stay in a hospital. However, the hospital stay must be covered under this plan in order to receive this benefit.

All premium rates are in US dollars and are effective through 12/31/05. Rates include 2.5% surplus lines tax. A dependent child is a child shown on the Application Form over 14 days and under 18 years of age, traveling with the group as a dependent of a group member, and for whom premium has been paid.

ONE MONTH RATES (five Policy Maximum options)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	One Month	One Month	One Month	One Month	One Month
18-29	\$32	\$37	\$43	\$48	\$54
30-39	\$37	\$43	\$57	\$63	\$72
40-49	\$59	\$66	\$73	\$81	\$99
50-59	\$95	\$109	\$122	\$136	\$153
60-64	\$109	\$129	\$153	\$180	\$201
65-69	\$129	\$138	\$158	\$189	\$243
70-79	\$189	N/A	N/A	N/A	N/A
80+*	\$378	N/A	N/A	N/A	N/A
Dep. Child	\$18	\$23	\$27	\$28	\$34
Child Alone	\$32	\$36	\$41	\$45	\$52

*US\$10,000 Maximum

DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	Daily	Daily	Daily	Daily	Daily
18-29	\$1.10	\$1.20	\$1.40	\$1.60	\$1.80
30-39	\$1.20	\$1.40	\$1.90	\$2.10	\$2.40
40-49	\$1.95	\$2.20	\$2.40	\$2.70	\$3.30
50-59	\$3.15	\$3.60	\$4.10	\$4.55	\$5.10
60-64	\$3.60	\$4.30	\$5.10	\$6.00	\$6.70
65-69	\$4.30	\$4.60	\$5.30	\$6.30	\$8.10
70-79	\$6.30	N/A	N/A	N/A	N/A
80+*	\$12.60	N/A	N/A	N/A	N/A
Dep. Child	\$.60	\$.75	\$.90	\$.95	\$1.15
Child Alone	\$1.10	\$1.20	\$1.35	\$1.50	\$1.75

*US\$10,000 Maximum

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

Details on optional riders can be found on page 9, and more information on calculating your rates can be found on page 15.

OPTIONAL RIDERS

Optional Riders apply to all group members listed on the Application Form

Terrorism Rider - The Patriot Terrorism Rider is available on all Patriot Group plans and 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 eligible medical claims subject to a US\$50,000 lifetime maximum. 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 Rider 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 6 months prior to the insured person's date of arrival.

This Rider 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. For premium information, please see the premium calculation section of the Application Form.

Sports Rider - The Patriot Sports Rider is available on all Patriot Group plans and adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For more sports coverage, please review IMG's Patriot Extreme plan.

Patriot Return Rider - The Patriot Return Rider is only available to non-US citizens who have purchased Patriot America. When purchased at the time of application, Patriot Return provides temporary medical coverage for non-US citizens returning to their country of citizenship. The insured person must be outside his/her country of citizenship at time of application. For premium information, please see the premium calculation section of the Application Form.

Patriot T.R.I.P. LiteSM

In addition to the riders above, trip cancellation coverage is also available. With this plan, the loss of pre-paid, non-refundable, and unused payments may be recovered when a trip is cancelled or interrupted due to: illness, injury or death to you, a family member or travel companion; bankruptcy or financial default; a terrorist incident; jury duty; home made uninhabitable by fire, wind, storm, flood, or vandalism; quarantine; auto accident on way to airport; job termination; cancelled leave for active duty military, police or fire fighters. The benefits are outlined below and premium information can be found on the Application Form.

Benefits	Maximum benefit per insured person
Trip cancellation	Trip cost up to US\$20,000
Travel delay	Up to US\$500
Baggage delay	Up to US\$100

PLAN INFORMATION

QUALITY GUARANTEE

The group's satisfaction is very important to IMG. If, for any reason, the sponsoring organization or the group is not pleased with this product, a written request for cancellation and refund of the premium may be submitted. The request must be received by IMG prior to the effective date of coverage.

EXCLUSIONS

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

1. Pre-existing Conditions. 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.
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: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, wind-surfing and whitewater rafting.
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 or sustained while under the influence of or disablement of drugs or alcohol.
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 consolidated and summary description of all current Patriot Group Travel Medical Insurance benefits, conditions, limitations and exclusions. A certificate containing the complete Policy Wording with all terms, conditions and exclusions will be included with the fulfillment kit. IMG reserves the right to issue the most current Policy 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 Policy Wordings are available upon request.

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission, inpatient or outpatient 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%. Precertification is not an assurance of coverage, a 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 US: 1-800-628-4664 (toll free) or 1-317-655-4500. Call IMG outside the US: 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 at our website, www.imglobal.com. Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to provide the required information, which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of the email, and once we have received the request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 48 business hours. 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 Group Travel Medical Insurance are subject to the provisions described in this brochure and as contained in the Policy 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 directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be made 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: 317-655-4505 or e-mail: insurance@imglobal.com.

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 Group 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 or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

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 PROCESS & APPLICATION FORM

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

HOW TO ENROLL

Before the group begins its travel, simply fill out the Application Form and calculate the premium for the time period(s) your group will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG. The group members, their spouses and unmarried dependent children (over 14 years 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 the completed Application Form and the appropriate premium (for non-US citizens, the date following such receipt); 2) the date the group member departs from his/her country of citizenship; or 3) the date requested on the Application Form.

Patriot Group Travel Medical Insurance 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 the group member returns to his/her country of residence (however, see Home Country Coverage on page 4 for incidental coverage).

ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit for each member of the group to the Sponsor's mailing address listed on the Application Form. The fulfillment kits will include an IMG Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing a complete outline of the Policy Wording. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in Patriot Group Travel Medical Insurance.

- For those over age 65 and visiting the US, your initial Period of Coverage must begin within 30 days of arrival in the US. Please attach a copy of the group member's Visitor's Visa to the Application Form. This requirement will be waived with proof of previous valid insurance. Please provide the name of the insurance carrier on the Application Form. If a group member is not in the US at the time of application, please indicate the expected date of arrival on the Application Form.
- This insurance is not available to non-US citizens who are residing in New York, California or Florida at the time of application. However, this restriction will not apply when the Effective Date coincides with or is subsequent to the applicant's departure date.

EXTENSION OF COVERAGE

The Patriot America and Patriot International group plans can be rewritten for succeeding or subsequent periods but are not renewable once the initial Period of Coverage expires. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

IMG OFFERS A WIDE RANGE OF INTERNATIONAL MEDICAL INSURANCE PRODUCTS!

- ❑ **Patriot Executive®/Patriot Executive Group**
Travel medical insurance for those who travel frequently throughout the year on trips lasting 30 days or less
- ❑ **Patriot ExtremeSM**
Travel medical insurance for those traveling abroad who also intend to participate in a select group of athletic activities and/or extreme sports
- ❑ **Global Medical Insurance®**
Comprehensive, long-term, individual/family coverage for US citizens living or traveling outside the US for at least 6 months of the year and non-US citizens worldwide
- ❑ **GEOSM Group**
Comprehensive, long-term coverage for multinational employers with 3 or more employees outside the US; group benefits include medical, dental, life, and income replacement
- ❑ **Patriot T.R.I.P.SM**
Coverage to help recover non-refundable, unused payments and deposits when a trip is cancelled or interrupted for a variety of reasons; benefits are also provided for travel delays, baggage delays, and emergency medical treatment while away from home

Patriot T.R.I.P. is underwritten and offered where available by Sirius America Insurance Company and NOVA Casualty Company, the program manager is iTravelInsured, and the claims administrator is International Medical Group.

Completing Sections 1 and 5 of the Application Form - Sample information

In Section 1 of the application, you will be asked to complete information for each person to be covered by the plan, and you must enter the monthly and/or daily premium for each person. In Section 5, you will be asked to calculate the total premium. On this and the following page is a sample calculation to assist you. In this example, a group of five (U.S. citizens) is traveling from January 20 through April 12 (i.e., 2 full months, plus 23 days). Based on this information, they would use the Patriot International group plan. They choose a \$500,000 plan maximum (Option 7). This group's premium rates would be as follows, based on the monthly and daily rates set forth on page 8:

Name	Date of Birth	Monthly Rate	Daily Rate
<i>John Traveler</i>	<i>4/2/61 (age 43)</i>	<i>\$73</i>	<i>\$2.40</i>
<i>Jane Traveler</i>	<i>6/8/75 (age 29)</i>	<i>\$43</i>	<i>\$1.40</i>
<i>Susan Traveler</i>	<i>2/16/51 (age 53)</i>	<i>\$122</i>	<i>\$4.10</i>
<i>Jim Traveler</i>	<i>7/21/67 (age 37)</i>	<i>\$57</i>	<i>\$1.90</i>
<i>Bill Traveler</i>	<i>9/27/44 (age 60)</i>	<i>\$153</i>	<i>\$5.10</i>
		\$448	\$14.90

SUBTOTALS: A

B

The monthly and daily rates are determined by the age of the applicant as of the effective date of requested coverage (in this example, the application was completed 1/1/05 and ages were determined as of 1/20/05, the departure date). The number of months is 2 (January 20 through February 20 is one month, February 20 through March 20 is another month). The number of days remaining is 23 (March 21 through April 12)

Sample calculation (continued from previous page)

Once you have entered the applicable premium amounts for each person in the group, you will be asked to calculate the total premium. You will first multiply the monthly rate by the number of months, and the daily rate by the number of days (see #2 to the right). Then you will use these numbers to complete the calculation.

You will note that in addition to selecting the \$500,000 plan maximum for each insured person (Option 7), in this example the group also selected a \$100 deductible (deductible rate factor 1.10), the Terrorism Rider, the Sports Rider, and the Patriot T.R.I.P. Lite coverage.

In the first column, \$896.00 has been entered for the total monthly premium and \$342.70 has been entered for the total daily premium. Because the group chose a \$100 deductible in Section 4 on the application, their rate factor is 1.10.

The group chose two separate riders, so they have entered the applicable add-on rider factors as indicated. They also completed the calculation for the Patriot T.R.I.P. Lite coverage.

To arrive at the total premium, the base premium (C) has been multiplied by the total rider factor plus 1.00 (D). Finally, the group chose the Patriot T.R.I.P. Lite coverage, so they have added \$361.60 to arrive at their Total Premium.

	Subtotal A	# of months	Total A	Subtotal B	# of days	Total B
7. (A) Monthly premium total (from Total (A) in Section 4)	896.00	2	\$896.00	\$14.90	23	\$342.70
(B) Daily premium total (from Total (B) in Section 4)	+ 342.70					
			= 1,238.70			
Deductible rate factor (see Section 6)	X 1.10					
(C) Base premium - enter in the space below	= 1,362.57					
Terrorism Rider enter .25 if applicable	.25					
Sports Rider enter .20 if applicable	+ .20					
Patriot Return Rider enter .05 if applicable	+ _____					
(D) Total Rider factor go to space below and place this factor to the right of the 1.	= .45					
Patriot T.R.I.P. Lite - To purchase this option, please complete the following calculation:						
Total cost of trip for all travelers	8,000	÷ 100 =	80			
X 4.52 =	361.60	(E)				
Patriot T.R.I.P. Lite Premium Enter (E) in the space below						
(C) Enter the amount from C above	1,362.57					
(D) Enter the amount D from above to the right of the 1.	X 1.45					
	= 1,975.73					
(E) Enter the amount from E above (if any)	+ 361.60					
US\$20 optional express mail	+ 0					
TOTAL DUE						2,337.33

IMG IS YOUR CLEAR CHOICE FOR TRAVEL MEDICAL INSURANCE

EASY ACCESS

- ✓ IMG may be reached via phone, fax, email, or Live Help, an online customer chat service available at www.imglobal.com in the "Current Clients" section
- ✓ Free calls to IMG from anywhere in the world
- ✓ Internet services - insured members can search for a health care services provider; print plan descriptions; and initiate precertification

EMERGENCY ASSISTANCE

- ✓ International emergency assistance, including medical evacuation
- ✓ 24-hour availability for emergency services, medical evacuation and precertification
- ✓ On-site, executive medical director/physician and registered nurses

CLAIMS SERVICES

- ✓ Multilingual claim adjudication and customer service
- ✓ Claim inquiries, status of claim information and reimbursement options available by phone, fax and email
- ✓ Experienced international currency conversion
- ✓ Claim reimbursement directly to provider or insured via check, direct deposit to U.S. bank account, or electronic transfer to international account

TEAR HERE
TEAR HERE
TEAR HERE
TEAR HERE

1.	Group Member's Name	Date of Birth	Passport Number/SSN	Group Member's requested Effective date, Expiration date and/or DEparture date, if different than dates on the reverse side	Monthly Rate*	Daily Rate*
	Nationality					
1				EF: EX: DE:		
2				EF: EX: DE:		
3				EF: EX: DE:		
4				EF: EX: DE:		
5				EF: EX: DE:		
6				EF: EX: DE:		
7				EF: EX: DE:		
8				EF: EX: DE:		
9				EF: EX: DE:		
10				EF: EX: DE:		
11				EF: EX: DE:		
(attach additional sheets if necessary) *use applicable monthly/daily rates (see pages 6 or 8)						

2. $\frac{\text{Subtotal A (from Subtotal A to the right)}}{\text{\# of months}} \times \text{Total A} = \text{SUBTOTALS: A}$

$\frac{\text{Subtotal B (from Subtotal B to the right)}}{\text{\# of days}} \times \text{Total B} = \text{SUBTOTALS: B}$ (continue to box below)

3. Select the coverage plan and plan option. (Check one plan and one option):

Patriot America for non-US citizens
Option Number: 1__ 2__ 3__ 4__
 Applicants over age 65
Current Carrier _____
(see page 14 for details)

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

Patriot International for US citizens
Option Number: 5__ 6__ 7__ 8__ 9__

4. CIRCLE ONE

Deductible	Rate Factor
US\$100	1.10
US\$250	1.00
US\$500	.90
US\$1000	.80
US\$2500	.70

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 5

Home Country Coverage (if applicable, enter number of extra coverage months here ____; see page 4 for details)

To Pay in Monthly Installments (please first calculate your total premium in Section 5 of the Application)

$\frac{\text{Total Premium}}{\text{Number of months}} = \text{Periodic payment}$

+ \$10.00 Billing fee = \$ _____

Minimum initial payment required

Please complete and return the front and back sides of this application.

5. (A) Monthly premium total (from Total (A) in Section 2) _____

(B) Daily premium total (from Total (B) in Section 2) + _____
= _____

Deductible rate factor (see Section 4) X _____

(C) Base premium - enter in the space below _____

Terrorism Rider enter .25 if applicable _____

Sports Rider enter .20 if applicable + _____

Patriot Return Rider enter .05 if applicable + _____

(D) Total Rider factor go to space below and place = this factor to the right of the 1. _____

Patriot T.R.I.P. Lite

To purchase this option, please complete the following calculation:

_____ ÷ 100 = _____ X 4.52 = _____

Total cost of trip for all travelers (E) Patriot T.R.I.P. Lite Premium

Enter (E) in the space below

(C) Enter the amount from C above _____

(D) Enter the amount D from above to the right of the 1. X 1. _____
= _____

(E) Enter the amount from E above (if any) + _____

US\$20 optional express mail + _____

TOTAL PREMIUM DUE _____

Selling Producer Use Only

Producer# 186284 _____
GA# _____
Name International Services Inc. _____
Address #756, 1655 N. Fort Myer Drive - Ste 70 _____
City, State, Zip Arlington VA 22209 _____
Phone: 877-593-5403 _____

To Enroll - 1. Complete entire Application Form (front and back - please print) 2. Please make check or money order payable to IMG and enclose in envelope with signed Application Form 3. Mail or fax to: International Medical Group, Inc., P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax 317-655-4505

Sponsoring Organization _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Contact Name _____
Requested Effective Date _____
Date of Departure _____
Requested Expiration Date _____
Purpose of Trip _____
Destinations _____

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

Payment Method Check (To IMG) Money Order (To IMG)
MasterCard Visa American Express Discover JCB

Card# _____
Expiration date _____
Name on Card _____
Authorized Signature _____
Cardholder's Daytime Phone _____
Cardholder's Billing Address _____

Sponsor's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for Patriot Group Travel Medical Insurance (Group Insurance) as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized agent and plan administrator, International Medical Group, Inc. (IMG). The Sponsor and all such members understand and agree: **(i)** the insurance applied for is not general health insurance, but is intended for the members' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, **(ii)** coverage under the Group Insurance plan is not renewable, **(iii)** the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, **(iv)** 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 **(v)** by submission of this application and/or any future claim for benefits, the Sponsor and all group members 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(s) 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 the Sponsor and all group members hereby expressly consent.

2. Acknowledgment. The Sponsor and all group members understand and agree that: **(i)** the insurance agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the Sponsor and such members, **(ii)** the Group 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 of the 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 incurred for pre-existing conditions will be excluded from coverage under the insurance, **(iii)** the subjects of insurance applied for are not intended or considered by the Sponsor, the group members, the Company or IMG to be resident, located, or to be performed in any particular state of the United States, and **(iv)** the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

3. Medical Release. The Sponsor and all group members hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, healthcare related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, and employee or benefit plan administrator having information as to any of the group members' care, advice, treatment, evaluation, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and the Company.

4. Certification. The Sponsor and all group members hereby certify, represent and warrant that they have read the foregoing statements and the Group Insurance brochure (or same have been read or provided to such members), and they understand them, and that each group member listed: **(i)** is eligible to participate in the insurance program applied for, and **(ii)** is currently in good health and has not been diagnosed with, sought consultation or been treated for, and has not experienced manifestation or symptoms of and does not suffer from any pre-existing or other medical condition which he/she foresees may require treatment during this insurance or for which he/she intends to claim under this insurance. As the representative of the Sponsor and as proxy for each of the group members, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such members. By acceptance of coverage and/or submission of any claim for benefits, each group member ratifies and affirms the authority of the signer and Sponsor to so act and bind the member.

5. Premiums; Credit Card Payments. Sponsor agrees to pay the required insurance premiums to IMG, as agent for the Company, on or before the due date(s). If the premiums are to be paid in installments, a grace period of 10 calendar days will be allowed for IMG's actual receipt of payment of each premium, except the initial installment. If any premiums are unpaid at the end of the grace period, the insurance coverage shall lapse and terminate with respect to any group member for whom such premium is unpaid, effective as of the initial due date of the premium, whereupon the Company's liability shall cease with respect to all charges and/or claims incurred by such member(s) thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor authorizes IMG to charge/debit Sponsor's MasterCard, Visa, American Express, Discover or JCB account for the total amount of premiums due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. In the event Sponsor has chosen to pay premiums on an installment basis, Sponsor hereby pre-authorizes future credit card payment installments for the balance of the period of coverage, and hereby requests and authorizes IMG to charge/debit Sponsor's credit card periodically as and when premium payment installments become due. This authorization will remain in effect until revoked by Sponsor in writing, and until IMG actually receives notice of revocation.

Signature _____

Date _____ Phone _____