



# Patriot Exchange Program<sup>SM</sup>

Medical  
insurance  
for individuals  
involved in  
educational or  
cultural exchange



INTERNATIONAL MEDICAL GROUP

# Why Consider International Travel Medical Insurance?



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

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

## Standard Short-Term Travel Plan

The Standard Short-Term Travel Plan is designed to meet the **U.S. visa travel insurance requirements** for a student studying abroad or a participant of a cultural exchange program, including J1 and J2 visa holders. The plan may be purchased in monthly increments and can include coverage for the student or participant, and/or his or her spouse and unmarried dependent children traveling with them. If the plan is purchased for a minimum of one month, coverage may be renewed (without break in coverage) for a total of up to 48 months. See the "Renewal of Coverage" section on page 9 for more information.

## Basic Short-Term Travel Plan

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

# A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the assistance you need no matter where you are.



Our goal is to provide you with Coverage Without Boundaries. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel medical insurance needs.

Our service and support sets us apart. Since 1990, we've served more than a million people around the globe - always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're there with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

## PLAN INFORMATION & HIGHLIGHTS

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

## SCHEDULE OF BENEFITS STANDARD SHORT-TERM TRAVEL PLAN

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

### MEDICAL BENEFITS

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

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

### INTERNATIONAL EMERGENCY CARE

*When coordinated through the Plan Administrator*

Emergency Medical Evacuation	\$50,000 Lifetime Maximum
Emergency Reunion	\$15,000
Return of Mortal Remains or Cremation/Burial	\$25,000 for Return of Mortal Remains or \$5,000 for Cremation/Burial
Political Evacuation	Up to \$10,000

### ADDITIONAL BENEFITS

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

### OPTIONAL ADD-ON PLAN

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

### OPTIONAL RIDER

*Applies to all individuals listed on the Application Form*

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

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

## SCHEDULE OF BENEFITS BASIC SHORT-TERM TRAVEL PLAN

### MEDICAL BENEFITS

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

Hospital Room and Board Up to semi-private room rate

Hospital Intensive Care URC\*

Physical Therapy URC\* - 1 visit per day

Physician Visit URC\* - 1 visit per day

Student Health Center \$5 co-pay per visit

Prescription Drugs URC\*

Eligible Medical Expenses URC\*

Emergency Room URC\*

Emergency Room Illness with In-patient Admission URC\*

Emergency Room Illness without In-patient Admission Additional \$250 deductible

### INTERNATIONAL EMERGENCY CARE

*When coordinated through the Plan Administrator*

Emergency Medical Evacuation \$25,000 Lifetime Maximum

Emergency Reunion \$5,000 Lifetime Maximum

Return of Mortal Remains or Cremation/Burial Up to \$7,500 for Return of Mortal Remains or \$5,000 for Cremation/Burial

Political Evacuation Up to \$10,000

### ADDITIONAL BENEFITS

Accidental Death \$5,000

Dismemberment \$5,000 two limbs;  
\$2,500 one limb

Terrorism Up to \$50,000 Lifetime Maximum

Sudden Recurrence of a Pre-existing Condition (U.S. citizens)

Medical Up to \$5,000 of eligible expenses

Emergency Medical Evacuation Up to \$25,000 of eligible costs and expenses

Incidental Home Country Coverage Up to a cumulative two weeks

### OPTIONAL ADD-ON PLAN

Baggage

Loss/theft of Baggage \$250

Loss/theft of Valuables \$250

Loss/theft of Personal Papers \$250

Legal Assistance

Binder Fee \$500 when served with summons

Personal Liability

Injury to third party \$2,000 limit after \$100 deductible

Damage to third person property \$500 limit after \$100 deductible. Secondary to any other insurance in force

Limited High School Sports Coverage URC\*

### OPTIONAL RIDER

*Applies to all individuals listed on the Application Form*

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

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

## STANDARD SHORT-TERM TRAVEL PLAN RATES MONTHLY PREMIUMS

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

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

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

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

### Non-U.S. Citizens - Travel to Europe Only

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

## BASIC SHORT-TERM TRAVEL PLAN RATES MONTHLY PREMIUMS

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

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

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

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

### Non-U.S. Citizens - Travel to Europe Only \$10,000 per Illness/Injury

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

All premium rates for the Patriot Exchange Program plans are effective as of 7/1/2013. IMG reserves the right to issue the most current rates in the event these expire, are modified or replaced with a newer version. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

## CONDITIONS OF COVERAGE

**1)** Coverage and benefits are subject to the deductible and coinsurance, and all terms of the Certificate of Insurance and Master Policy. **2)** Coverage under a Patriot Exchange Program plan is secondary to any other coverage. **3)** Coverage and benefits are for medically necessary and usual, reasonable and customary charges only. **4)** Charges must be administered or ordered by a physician. **5)** Charges must be incurred during the Period of Coverage. **6)** Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

## ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in a Patriot Exchange Program plan. ■ The member must be actively engaged or participating in an educational or cultural exchange program in the country of assignment through a sponsoring organization or school, or be the spouse or dependent of said student/participant traveling with them. ■ Spouse and dependents can apply for coverage by themselves if they hold a J2 visa, and the J1 visa holder who is participating in the educational or cultural exchange program has purchased a plan through that program. ■ Coverage becomes effective when the group member and his/her traveling dependents have legally departed the Home Country and legally entered the Host Country and are not citizens of the Host Country.

## RENEWAL OF COVERAGE

If the plan is purchased for a minimum of one month, coverage may be renewed (without break in coverage) for a total of up to 48 months. Renewals may be completed online or by using a paper application.

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

## QUALITY GUARANTEE

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

## ENROLLMENT PROCESS - HOW TO ENROLL

Before you begin traveling, simply fill out the Application Form and calculate the premium for the time period you and your family will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG. You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the **latest** of the following dates: **1)** the date IMG receives

your completed Application Form and the appropriate premium; **2)** the date you depart from your country of citizenship; or **3)** the date requested on the Application Form.

Patriot Exchange Program coverage ends on the **earliest** of the following dates: **1)** the end of the period for which premium has been paid; **2)** the date requested on the Application Form; or **3)** the date you return to your country of residence.

## ENROLLMENT PROCESSING - FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the 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. You also may choose our online fulfillment kit option rather than having it mailed to you. Please indicate this preference on the Application Form and include your correct email address. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

## CLAIMS PROCEDURE

### PRECERTIFICATION

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

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

**Note:** You may begin the Precertification process through MyIMG or the Client Resources section of our website, [www.imgglobal.com](http://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 2 business days. Please note that this online service will only initiate the Precertification process, and it should not be used to Precertify emergency admissions, procedures, or evacuations.

## CLAIM PAYMENT

All benefits payable under Patriot Exchange Program are subject to the terms and conditions in the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways:

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

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

## SUMMARY OF BENEFITS

The following is a summary of benefits and terms that are available to eligible insureds on the Patriot Exchange Program plans.

### EMERGENCY ROOM:

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

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

### DENTAL:

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

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

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

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

## POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs, or similar government agency of the insured person's home country, orders the evacuation of all non-emergency government personnel from the host country, due to political unrest, that becomes effective on or after the insured person's date of arrival in the host country, the Company pays up to a \$10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that:

- 1) The insured person contacts the Company within 10 days of the issuance of the evacuation order by the United States Department of State, Bureau of Consular Affairs, or similar government agency of the insured person's home country; and
- 2) The evacuation order pertains to persons from the same home country as the insured person; and
- 3) Political Evacuation and Repatriation is approved and coordinated by the Company. In no event will the Company pay for a political evacuation if there is a travel warning in effect on or within six (6) months prior to the insured person's date of arrival in the host country.

## EMERGENCY EVACUATION:

Each plan offers coverage for Emergency Medical Evacuations to the nearest qualified medical facility; expenses for reasonable transportation resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to the indicated amount per plan design.

## EMERGENCY REUNION:

Each plan also offers Emergency Reunion coverage for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.

## 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 home country will be covered; or up to \$5,000 for the preparation, local burial or cremation of your mortal remains at the place of death.

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

## INCIDENTAL HOME COUNTRY COVERAGE:

During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to: **1)** The insured person must have left their home country, **2)** The total Period of Coverage must be for a minimum of 30 days, and **3)** The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

## ACCIDENTAL DEATH AND DISMEMBERMENT:

Each plan offers a \$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 - principal sum. "Member" means hand, foot or eye.

## TERRORISM:

Each plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan reimburses eligible medical claims subject to a \$50,000 lifetime maximum. Terrorism includes criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population, or compel a government or international organization to do or to abstain from doing an act. However, this benefit does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the six months prior to the insured person's date of arrival. In addition, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

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

## DESCRIPTION OF OPTIONAL RIDER

### ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on both Patriot Exchange Program plans for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page four and six as long as they are engaged 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 exclusion 8 on page 14. *Please note this is only a summary of Adventure Sports 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 Patriot Exchange Program plans and include but are not limited to:

1. **A Pre-existing Condition** which is any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed.
2. **Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
3. **War, military action, terrorism**, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as expressly provided for in the Certificate of Insurance.
6. **Venereal disease, AIDS virus**, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. **Pregnancy, childbirth, birth control**, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **Any illness or injury sustained** while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are 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).

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

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



## ADDITIONAL BENEFITS & SERVICES

### MyIMG<sup>SM</sup>

Service at your fingertips anytime, anywhere - that's what MyIMG provides. MyIMG is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through MyIMG you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Get explanation of benefits
- Obtain certificate documents
- Recommend provider/facility
- Initiate precertification
- Locate a provider
- Request ID cards

### Locating a Provider

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

### Universal Rx Pharmacy Discount Savings

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

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

### Akeso Care Management<sup>®</sup> (ACM<sup>®</sup>)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, a URAC accredited, on-site specialized division devoted entirely to medical management. ACM's clinical members are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.

## **One Call. One Company. Your Complete International Resource.**

IMG offers a comprehensive range of international medical insurance and travel insurance products for every insurance need. Whether you need individual coverage for a vacation, extended coverage for a long-term stay abroad, or group coverage for employees in locations around the world, we've got the right plan for you and the exceptional services to back them up.

- Short-term Travel Plans
- Long-term Travel Plans
- Travel Insurance / Trip Cancellation Plans
- Employer Group Plans
- Mission Plans
- Marine Plans
- International Student and Educator Plans
- Adventure Sports Plans
- Emergency Evacuation Plans
- Green and Environmentally Friendly Plans



# Patriot Exchange Program Short-Term Travel Application

## To Apply

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

### Please Print:

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

Last: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Home Country: \_\_\_\_\_

Destination Country: \_\_\_\_\_

Are you participating in a Work & Travel program?  Yes  No

If yes, Program Name: \_\_\_\_\_

Is the Applicant a J2 visa holder?  Yes  No

*(If Yes, applicant is only eligible for this plan if the J1 visa holder has purchased a plan through his or her education or cultural program.)*

Send Confirmation of Coverage to the following:

OR  I will use the Online Fullfillment Kit Option *(include email address)*

\_\_\_\_\_ Email: \_\_\_\_\_

Residence address, if different: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Requested effective date of coverage: \_\_\_\_\_

Government Issued ID Number: \_\_\_\_\_

### Beneficiaries *(see Certificate Wording for Beneficiary designation)*

In the event of an insured's death, his/her beneficiaries will be as follows:  
**1)** Spouse (if any) - Primary **2)** Children (if any) - First contingent  
**3)** Estate of the insured - Second contingent

Individual to notify in case of emergency: \_\_\_\_\_

Phone number: \_\_\_\_\_

IMG Producer Use Only	
Producer# 472382	GA# _____
Name	VisitorsCoverage.com
Address	2350, MISSION COLLEGE BLVD. - SUITE 1140
City	SANTA CLARA Phone: 866-384-9104
State	CA Zip Code 95054

0512 updated 0713

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

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

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

- Basic Plan  
 Standard Plan: Option Letter: A\_\_ B\_\_ C\_\_

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

- Basic Plan  
 Standard Plan: Option Letter: A\_\_ B\_\_ C\_\_

#### Non-U.S. citizens - Travel to Europe only

- Basic Plan  
 Standard Plan: Option Letter: A\_\_ B\_\_ C\_\_

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

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

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

Subtotal A

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

### 4. Premium calculation

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

MasterCard  Visa  American Express  Discover  JCB

eCheck (ACH) available online

*If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total 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 Phone \_\_\_\_\_

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

**SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot Exchange Program as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (iii) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) by submission of this application and/or any future claim for benefits I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana surplus lines law shall govern all rights and claims raised under the Certificate of Insurance.

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

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

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

**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.

**Signature (Required)** \_\_\_\_\_

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

## Producer Contact Information:

VisitorsCoverage.com  
2350, MISSION COLLEGE BLVD.  
SUITE 1140  
SANTA CLARA, CA 95054  
Phone: 866-384-9104  
Fax: 408-496-1090  
insurance@visitorscoverage.com  
<http://www.visitorscoverage.com>



### Plan Administrator

International Medical Group®, Inc.  
P.O. Box 88509  
2960 North Meridian Street  
Indianapolis, IN 46208-0509 USA

For marketing questions, please call 1.866.368.3724

For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500

Fax: 1.317.655.4505

Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)

[www.imglobal.com](http://www.imglobal.com)

As the Plan Administrator for the Patriot Exchange Program<sup>SM</sup> plans, IMG acts as the authorized agent for and on behalf of Sirius International.



**Sirius**  
International

### Plan Underwriter

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