



INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.

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As the Plan Administrator for Outreach Travel Medical InsuranceSM,

IMG acts as the authorized agent for and on behalf of

Sirius International.



SIRIUS
INTERNATIONAL

Plan Underwriter

These Outreach Travel Medical Insurance plans are surplus lines products underwritten by Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing). Sirius International is a White Mountains Re company.

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Outreach Travel Medical InsuranceSM

Medical insurance for missionaries



INTERNATIONAL MEDICAL GROUP

Why Consider Travel Insurance?



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

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

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 Outreach Travel Medical InsuranceSM plans to provide you and your family 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.

Outreach InternationalSM

Outreach International provides coverage for U.S. citizens traveling outside the U.S. for a minimum of 10 days up to a maximum of two years. If the plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. See the "Renewal of Coverage" section on page 8 for more information.

Outreach AmericaSM

Outreach America provides coverage for non-U.S. citizens traveling outside their home country for a minimum of 10 days up to a maximum of two years. If the plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. See the "Renewal of Coverage" section on page 8 for more information.

If you or other family members applying for coverage are age 65 or older, please see the "Eligibility" section on page 8 for additional information.

A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the security you need no matter where you are. Our goal is to make the medical process smooth and efficient. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel needs.

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

MyIMGSM

MyIMG is our proprietary online service that lets you access a wealth of information and manage routine areas of your account 24 hours a day, seven days a week, from anywhere in the world. You can check the status of your claims submissions, retrieve explanation of benefits, obtain certificate documents, initiate precertification and access a list of physicians within the Preferred Provider Organization (PPO) as well as through the International Provider AccessSM (IPA), a database of over 16,000 providers outside the United States!

Locating a Provider

With the Outreach plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent PPO, a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG.

IMG also provides its International Provider Access (IPA) database online that can be used to locate health care providers outside the U.S. as needed.

(Note: Use of this service is subject to the terms and conditions specified online. These terms must be agreed to prior to using the service.) You may access these services by visiting the IMGGLOBAL® website, www.imglobal.com.

Akeso Care Management® (ACM®)

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

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



SCHEDULE OF BENEFITS

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

PLAN INFORMATION

Deductible	Your choice of \$0, \$100, \$250, \$500, \$1,000 or \$2,500
Coinsurance For treatment received outside the U.S. & Canada	No Coinsurance
For treatment received within the U.S. & Canada:	
In the PPO Network	The plan pays 90% of eligible expenses up to \$5,000, then 100% up to the Policy Maximum
Out of the PPO Network	The plan pays 80% of eligible expenses up to \$5,000, then 100% up to the Policy Maximum

MEDICAL BENEFITS

Usual, reasonable and customary charges, subject to deductible and coinsurance

Hospital Room and Board	Up to Policy Maximum for average semi-private room rate
Intensive Care	Up to Policy Maximum
Medical Expenses	Up to Policy Maximum
Outpatient Medical	Up to Policy Maximum
Local Ambulance	Up to Policy Maximum
Prescription Drugs	Up to Policy Maximum
Emergency Room Accident	Up to Policy Maximum
Emergency Illness - with in-patient admission	Up to Policy Maximum
Emergency Illness - without in-patient admission	Up to Policy Maximum with additional \$250 deductible
Dental Injury due to accident	Up to Policy Maximum
Sudden dental pain	Up to \$100

This is a summary of benefits only. Please see pages 11-15 for a list of benefit descriptions.

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Evacuation	Up to \$500,000 lifetime maximum (independent of Policy Maximum)
Emergency Reunion	Up to \$50,000
Return of Mortal Remains	Up to \$50,000
Returning Minor Children	Up to \$50,000
Political Evacuation	Up to \$10,000

ADDITIONAL BENEFITS

Benefit Period	Six months
Incidental Home Country Coverage	Up to a cumulative two weeks
End of Trip Home Country Coverage	One month for every five months of travel coverage purchased, up to a maximum of two months
Common Carrier Accidental Death	\$50,000 to beneficiary; maximum of \$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for basic sports
Accidental Death & Dismemberment	\$25,000 principal sum
Terrorism Coverage	Up to \$50,000 lifetime maximum
Identity Theft Assistance	Up to \$500 per Period of Coverage
Natural Disaster Trip Interruption	\$100 per day for five days Up to \$5,000
Lost Luggage	Up to \$50 per item of personal property; maximum of \$250 per Period of Coverage

ADDITIONAL BENEFITS FOR U.S. CITIZENS ONLY

Indemnity Sudden Recurrence of a Pre-existing Condition Medical	Up to \$100 per night Up to \$15,000 of eligible expenses
Emergency Medical Evacuation	Up to \$25,000 of eligible costs and expenses

This is a summary of benefits only. Please see pages 11-15 for a list of benefit descriptions.

OUTREACH INTERNATIONAL RATES

Rates are based on a \$250 deductible option.
For other deductible options, please see the application.

ONE MONTH RATES (Five Policy Maximum options.
Maximums are per covered insured per certificate period.)

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	\$96	\$109	\$122	\$136	\$153
60-64	\$109	\$129	\$153	\$201	\$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	\$46	\$52

*\$10,000 Maximum

OUTREACH AMERICA RATES

Rates are based on a \$250 deductible option.
For other deductible options, please see the application.

ONE MONTH RATES (Four Policy Maximum options.
Maximums are per covered insured per certificate period.)

Age	Option 1	Option 2	Option 3	Option 4
	\$50,000	\$100,000	\$500,000	\$1,000,000
	One Month	One Month	One Month	One Month
18-29	\$43	\$50	\$64	\$76
30-39	\$56	\$67	\$84	\$97
40-49	\$84	\$96	\$126	\$142
50-59	\$120	\$147	\$178	\$206
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	\$26	\$28	\$36	\$39
Child Alone	\$39	\$46	\$59	\$66

*\$10,000 Maximum

DAILY RATES (10 day minimum)

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	\$1.15	\$1.25	\$1.45	\$1.65	\$1.85
30-39	\$1.25	\$1.45	\$1.95	\$2.15	\$2.45
40-49	\$2.00	\$2.25	\$2.45	\$2.75	\$3.35
50-59	\$3.25	\$3.65	\$4.15	\$4.60	\$5.15
60-64	\$3.65	\$4.35	\$5.15	\$6.05	\$6.75
65-69	\$4.35	\$4.65	\$5.35	\$6.35	\$8.15
70-79	\$6.35	N/A	N/A	N/A	N/A
80+*	\$12.65	N/A	N/A	N/A	N/A
Dep. Child	\$.65	\$.80	\$.95	\$1.00	\$1.20
Child Alone	\$1.15	\$1.25	\$1.40	\$1.55	\$1.80

*\$10,000 Maximum

DAILY RATES (10 day minimum)

Age	Option 1	Option 2	Option 3	Option 4
	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
18-29	\$1.45	\$1.75	\$2.20	\$2.55
30-39	\$1.90	\$2.25	\$2.85	\$3.25
40-49	\$2.85	\$3.25	\$4.25	\$4.80
50-59	\$4.05	\$4.95	\$6.00	\$6.90
60-64	\$4.80	\$5.85	\$6.95	\$8.35
65-69	\$5.45	\$7.00	\$7.60	\$9.05
70-79	\$7.35	N/A	N/A	N/A
80+*	\$12.75	N/A	N/A	N/A
Dep. Child	\$.90	\$1.00	\$1.25	\$1.35
Child Alone	\$1.35	\$1.60	\$2.00	\$2.25

*\$10,000 Maximum

ENHANCED AD&D RIDER

Monthly Rates - Coverage must be purchased
for a *minimum of three months*

Up to \$100,000 additional coverage	\$8
Up to \$200,000 additional coverage	\$16
Up to \$300,000 additional coverage	\$24
Up to \$400,000 additional coverage	\$32

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Up to \$100,000 additional coverage	\$8
Up to \$200,000 additional coverage	\$16
Up to \$300,000 additional coverage	\$24
Up to \$400,000 additional coverage	\$32

All premium rates are effective through 12/31/09. 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. The maximum amount of coverage for applicants who are 80 years of age or older is \$10,000.

More information on calculating your rates can be found on pages 21 & 22, and optional riders can be found on page 7.

All premium rates are effective through 12/31/09. 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. The maximum amount of coverage for applicants who are 80 years of age or older is \$10,000.

More information on calculating your rates can be found on pages 21 & 22, and optional riders can be found on page 7.

OPTIONAL RIDERS

With the exception of the Enhanced AD&D Rider, optional riders apply to all individuals listed on the Application Form.

Extreme Sports Rider

(available to insureds up to age 65)

Age	Lifetime Maximum
0 - 49	\$50,000
50 - 59	\$30,000
60 - 64	\$15,000

Enhanced AD&D Rider

(available to the primary insured only)

Up to an additional \$400,000

Outreach Return Rider

(available to non-U.S. citizens)

Up to Policy Maximum

This is a summary of optional rider benefits only. Please see page 15 for a list of optional rider descriptions.

UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

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

QUALITY GUARANTEE

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

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 an Outreach plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

ELIGIBILITY

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

- Outreach Travel Medical Insurance is travel insurance for U.S. citizens traveling outside the United States and for non-U.S. citizens traveling outside their home country.
- For those 65 years of age and older and visiting the U.S., your initial Period of Coverage must begin within 30 days of arrival in the U.S. This requirement will be waived with proof of previous valid international travel insurance. Prior U.S. domestic health care coverage does not meet this eligibility requirement. Please provide the name of your insurance carrier on the Application Form. If you are not in the U.S. at the time of application, please indicate your expected date of arrival on your Application Form.

RENEWAL OF COVERAGE

If your Outreach plan is purchased for a minimum of three months, coverage may be renewed (without break in coverage) for a total of up to two years. Renewals are available in whole month or daily increments and may be completed online or by using a paper application, however, renewals of less than one month are available only online. For each renewal of less than one month completed online, you will be charged an additional \$5 processing fee. Each insured person must only satisfy one deductible and coinsurance within each 12 month coverage period. *Please note: Renewal rates may differ from initial rates.*



ENROLLMENT PROCESS & APPLICATION FORM

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

HOW TO ENROLL

Before you begin your travel, simply fill out the Application Form and calculate the premium for the time period you and/or your family will be traveling. Once you have completed the Application Form, 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 home country; or
- 3) the date requested on your Application Form.

Outreach 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 your Application Form; or
- 3) the date you return to your home country (however, see Home Country Coverage on page 13).

ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

ONLINE FULFILLMENT KIT

For your convenience, you may choose to download your fulfillment kit from the IMG website rather than having it mailed to you. To do this, you must check the appropriate box listed in Section 2 of the Application Form. We **must** have your correct email address to complete this process. Once IMG has received and processed your Application Form, you will receive an email from IMG that contains all of the hyperlinks to easily obtain the fulfillment information through the Internet.

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission, 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%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

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

Note: An insured person may begin the precertification process through MyIMG or the Current Clients section of our website, www.imglobal.com. Simply look for the Initiate 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 Outreach Travel Medical Insurance are subject to the provisions described in this brochure and as contained in the Certificate Wording and certificate of coverage. To make claim processing efficient, claims may be paid in two ways.

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

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

DESCRIPTION OF BENEFITS

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

DEDUCTIBLE:

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.



EMERGENCY ROOM:

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) \$250 deductible if treatment does not require admittance to the hospital.

DENTAL:

Injury due to an accident - Each Outreach Travel Medical Insurance 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 \$100 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 \$15,000 will be paid for the eligible expenses of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 16) 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**.

INDEMNITY:

(U.S. citizens only) Outreach International will pay directly to the insured person \$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.

BENEFIT PERIOD:

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

INTERNATIONAL EMERGENCY CARE

POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs issues a travel advisory that becomes effective on or after the Insured Person's date of arrival in the Host Country, the Company will pay up to \$10,000 for transportation to the nearest place of safety or for repatriation to the Insured Person's home country or country of residence provided that:

1. The Insured Person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs issues the travel advisory;
2. Political Evacuation and Repatriation is approved and coordinated by the Company.

EMERGENCY EVACUATION:

Each Outreach plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to a \$500,000 lifetime maximum (independent of the Policy Maximum).

EMERGENCY REUNION:

Each Outreach plan provides emergency reunion coverage, up to \$50,000 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 home country to be reunited with the insured.

RETURN OF MORTAL REMAINS:

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered up to a maximum of \$50,000.

RETURN OF MINOR CHILDREN:

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 Outreach plans will pay up to \$50,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

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



INCIDENTAL HOME COUNTRY COVERAGE:

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

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

END OF TRIP HOME COUNTRY COVERAGE:

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

SPORTS AND ACTIVITIES COVERAGE:

Each Outreach 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 unless the Extreme Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, rappelling, rock climbing, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, wind-surfing and whitewater rafting.

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

ACCIDENTAL DEATH AND DISMEMBERMENT:

Each Outreach plan includes \$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.

COMMON CARRIER ACCIDENTAL DEATH:

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

NATURAL DISASTER:

This benefit is available in the event an insured person is required to depart his/her destination due to an evacuation order issued by prevailing authorities in connection with a Natural Disaster. Natural Disaster is defined as widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the population for its safety.

TRIP INTERRUPTION:

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 Outreach 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.

TERRORISM COVERAGE:

Each Outreach plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse eligible medical claims subject to a \$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 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 6 months prior to the insured person's date of arrival.

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

IDENTITY THEFT ASSISTANCE:

If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, the Outreach plans will provide coverage for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of reporting, amending and/or rectifying records as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage and must be reported within 6 months of the termination of coverage date.

LOST LUGGAGE:

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

DESCRIPTION OF OPTIONAL RIDERS

EXTREME SPORTS RIDER:

The Extreme Sports Rider is available on both Outreach plans for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page 7: abseiling, aviation, BMX, bobsleigh, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level), skydiving, snow boarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wind-surfing. These extreme activities must be engaged in solely for leisure, recreation, or entertainment purposes.



ENHANCED AD&D RIDER:

This optional coverage is available for the primary insured person only. This coverage is in addition to the Accidental Death and Dismemberment already included in the Outreach plans. Coverage must be purchased for a minimum of three months.

OUTREACH RETURN RIDER:

(Non-U.S. citizens only) When purchased at the time of application, Outreach Return provides temporary medical coverage for non-U.S. citizens returning to their home country. For premium information, please see the back of the Application Form.



EXCLUSIONS

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

1. **A Pre-existing Condition** is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. **Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
3. **War, military action, terrorism**, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as expressly provided for in the certificate of insurance.
6. **Venereal disease, AIDS virus**, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. **Pregnancy, childbirth, birth control**, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **Injury sustained while participating** in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded unless the Extreme Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, wind-surfing and whitewater rafting.

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

9. **Vision or ear tests** and the provision of visual or hearing aids.
10. **Vocational, recreational,** speech or music therapy.
11. **Treatment while confined** primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. **Charges, injuries and/or illnesses** resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. **Treatment for, and injuries** and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. **Injury and/or illness** resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. **Willful self-inflicted** injury or illness.
16. **Treatment required** as a result of or arising from complications from a treatment or condition not covered under the certificate.
17. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
18. **Treatment for mental** and nervous disorders.
19. **Organ or tissue transplants** or related services.
20. **Illness or injury where** the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
21. **Treatment incurred** as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This brochure contains only a consolidated and summary description of all current Outreach Travel Medical Insurance benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.



IMG IS YOUR COMPLETE SOURCE FOR INTERNATIONAL MEDICAL COVERAGE

Mission Plans:

Global Mission Medical InsuranceSM
 Outreach Travel Medical InsuranceSM
 MP+International[®]

Short-term Travel Plans:

Patriot Travel Medical Insurance[®]
 Patriot Group Travel Medical Insurance[®]
 Patriot Executive[®], Patriot Executive Group
 Patriot Exchange ProgramSM
 Patriot Group Exchange ProgramSM

Long-term Travel Plans:

Global Medical Insurance[®]

Employer Plans:

GEOSM Group
 Global Educators Medical (GEMSM)

Marine Plans:

Global Crew Medical Insurance[®]
 International Marine Medical InsuranceSM

Specialty Plans:

Patriot Extreme[®], Sky RescueSM
 Student Health AdvantageSM

IMG recommends trip cancellation programs from iTravellnsured[®] through membership in National Small Business Travel & Health Association (NSBTHA):

Patriot T.R.I.P.[®], Patriot T.R.I.P. Lite,
 Patriot T.R.I.P. Student, Patriot T.R.I.P. Elite

PROTECTING YOUR TRAVEL INVESTMENT



You can spend a great deal of time planning your trip and it is exciting getting everything ready. But what would happen if the airline you selected should go out of business or you're prevented from taking your trip? Your hard-earned payments could be lost. To help protect you from losing the money you've spent to travel, IMG works with iTravelInsured® (iTI®) to bring you the Patriot T.R.I.P. Lite program.

PATRIOT T.R.I.P. LITE

This iTI program is designed to provide peace of mind so you can enjoy your travels. The benefits are outlined below and program cost information can be found on the back of the Application Form.

SCHEDULE OF BENEFITS

Trip cancellation	Trip cost up to \$20,000
Travel delay	\$500 (\$100 per day after 24 hours or up to \$500 for missed connection)
Baggage delay	\$100

Trip Cancellation - Provides coverage for the loss of non-refundable, unused payments when a trip is cancelled prior to departure due to: emergency illness, injury or death to you, a family member or travel companion; 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.

Travel Delay - Reimburses you up to \$100 per day for reasonable additional accommodations and traveling expenses, not otherwise paid by a travel supplier or common carrier, when your trip is delayed for more than 24 hours caused by: travel supplier delay, lost or stolen passport, medical quarantine, natural disaster, or emergency illness or injury to you or a travel companion.

Baggage Delay - Reimburses you for the costs you incur to buy reasonable additional clothing and essential personal items when your checked baggage is delayed by a common carrier for more than 24 hours from the actual time of arrival at a destination.

NSBTHA

When you purchase a Patriot T.R.I.P. Lite program you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters that affect travel. Information about NSBTHA is available at www.NSBTHA.org.

Certificate Form No. iTI100-11

T.R.I.P. LITE EXCLUSIONS

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition, except as waived by Us under the terms of the Policy.
2. War or any act of war (whether declared or undeclared), civil disturbance, riot or insurrection.
3. Serving in one of the armed forces of any country or international authority.
4. Operating, learning to operate, piloting or riding in or on any aircraft or flying device, other than riding as a passenger in a licensed commercial aircraft.
5. Suicide or attempted suicide, while sane; intentionally self-inflicted Injury or Illness.
6. Being under the influence of any intoxicant, drug or narcotic unless prescribed by a Physician.
7. Training, practicing or participating in any motor sport or motor racing.
8. Parachuting, hang gliding, parasailing, hot air ballooning, scuba diving below 135 feet or any type of scuba diving without the proper diving training and certification from a professional organization, rock or mountain climbing, or hunting.
9. Pregnancy or childbirth when You are expected to give birth within two months from the date of a Covered Trip or an elective abortion.
10. Traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
11. Taking part in any scheduled athletic event or competition.
12. Any emotional, psychological, mental or nervous disorder.
13. Any potentially fatal condition which was diagnosed before the date Your coverage became effective, or any condition for which You are traveling to seek treatment.
14. Dental treatment due to normal wear and tear or the normal maintenance of dental health.

T.R.I.P. LITE PRE-EXISTING CONDITIONS

The Pre-Existing Condition exclusion is waived if coverage is purchased within 14 days after the date your initial payment for the covered trip was paid to the travel supplier. Insureds also must be medically able to travel on the date coverage is purchased.

If the Pre-Existing Condition exclusion is not waived, your pre-existing condition might still be covered if the answer to all of the following questions is "no." 1. Were you treated for a new illness in the last 60 days? 2. Has your condition worsened or required medical attention in the past 60 days? 3. Have you received any new medications in the past 60 days or have any of your current dosages been changed?

This is a summary of the principal provisions of the master policy offered through NSBTHA for its members. It is not considered to be a contract of insurance. Coverage may vary by state and may not be available in all states. For more information regarding the exclusions and all other terms and conditions of Patriot T.R.I.P. Lite, please see the certificate wording for your state which is available upon request.

This brochure is not intended to be an offer to sell Patriot T.R.I.P. Lite or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.

Insurance products are underwritten and offered where available by Delos Insurance Company, New York, NY 10036.

Completing Section 4 of the Application Form - Sample information

In Section 4 of the application, you will be asked to complete information for each person to be covered by the plan, and you must calculate the monthly and/or daily premium for each person. Below is a sample calculation to assist you. In this example, a family of four (U.S. citizens) is traveling from January 20 through August 11 (i.e., 6 full months, plus 23 days). Based on this information, they would use the Outreach International plan. They choose a \$500,000 plan maximum (Option 7). This family's premium rate calculations would be as follows, based on the monthly and daily rates set forth on page 5:

4. Names of Persons to be insured:

Applicant	Date of Birth (month/day/year - REQUIRED)	Age	Monthly Rate	# of months	Daily Rate	# of days
<i>John Traveler</i>	4 / 2 / 64	44	\$73	6	\$2.45	23
Spouse <i>Jane Traveler</i>	7 / 8 / 70	38	57	6	1.95	23
Child <i>Susan Traveler</i>	10 / 27 / 92	16	27	6	.95	23
Child <i>Jim Traveler</i>	11 / 25 / 93	15	27	6	.95	23
Total (A)			\$184.00	\$1,104.00	\$144.90	
Total (B)					Total (C)	

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 1/1/09 and ages were determined as of 1/20/09 the departure date). The number of months is 6 (January 20 through February 19 is one month, February 20 through March 20 is another month, etc.). The number of days remaining is 23 (July 20 through August 11).

5. Home Country Coverage Calculation (HCC)			
Monthly Rate	# of Months HCC Coverage	Total (A)	Total (D)
\$184.00	1		
(see page 13 for details)			
			\$184.00
			Total (D)

Completing Section 7 of the Application Form -

In Section 7 of the application, you will be asked to calculate your total premium. At the right is a sample calculation to assist you. The sample uses the same information as our example on the previous page, and completes the calculation process.

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

In the first column, \$1,104.00 has been entered for the monthly premium and \$144.90 has been entered for the daily premium as calculated in Section 4 (see previous page). Also, one month of Home Country Coverage was added as calculated in Section 5 (see previous page). Because the family chose a \$100 deductible in Section 6 on the application, their rate factor is 1.10.

The family chose three separate riders so they have entered the applicable rider factor and completed a calculation.

The base premium (E) has been multiplied by the total rider factor plus 1.20 (F). The other rider cost is then added to that total to arrive at their Total Amount.

Sample information

7. (B) Monthly premium total (from Total (B) in Section 4)	1,104.00
(C) Daily premium total (from Total (C) in Section 4)	144.90
(D) HCC premium total (from Total (D) in Section 5)	184.00
Deductible rate factor (see Section 6)	1.10
(E) Base premium - enter in the space below	1,576.19
Extreme Sports Rider enter .20 if applicable	.20
Outreach Return Rider enter .05 if applicable	---
(F) Total Rider factor enter in space below to the right of the 1.	.20
Enhanced AD&D Rider - To purchase this option, please complete the following calculation: Number of months 3 X Rate from page 5 16.00 = 48.00 Enter (G) in the space below	48.00

Due to space constraints, the sample box looks slightly different than the calculation box on the application

Patriot T.R.I.P. Lite - To purchase this option, please complete the following calculation: 8,000 ÷ 100 = 80 X 4.52 = \$361.60 Total cost of trip for all travelers (minimum \$500)	(H)
Enter (H) in the space below	
Enter the amount from (E)	1,576.19
Enter the amount from (F) to the right of the 1.	1.20
	= 1,891.43
Enter the amount from (G) +	48.00
Enter the amount from (H) +	361.60
Optional express mail	+ 20.00
TOTAL AMOUNT DUE	\$2,321.03

1. Primary applicant information: Outreach Travel Medical Insurance *Please print legibly and complete ALL SECTIONS (front and back) of this application.* Male Female

Last Name _____ First Name _____ Middle _____

Government Issued ID Number _____ Country of Citizenship _____

Home Country _____ Destination Country(ies) _____

Beneficiaries

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

2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:
OR I will use the Online Fulfillment Kit Option (see page 9 for details - an email address is required)

Name _____ Email _____

Address, City, State, Country, Postal Code _____

If the address in #2 is in Florida, is the applicant currently located in Florida? Yes No
(Determines applicable surplus lines tax and will not affect coverage)

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

<input type="checkbox"/> Outreach America for non-U.S. citizens <i>(see page 6)</i> Option Number: 1__ 2__ 3__ 4__ <input type="checkbox"/> Applicants 65 years of age & older <i>(see page 8 for details)</i> Current Carrier _____ Date of arrival in the U.S. _____ OR Expiration date of current coverage _____	<input type="checkbox"/> Outreach International for U.S. citizens <i>(see page 5)</i> Option Number: 5__ 6__ 7__ 8__ 9__ Must complete for all options (month / day / year) Requested effective date: _____/_____/_____ <i>(see How to Enroll, page 9)</i> Date of departure from your Home Country: _____/_____/_____ Date of return to your Home Country: _____/_____/_____
---	--

4. Names of Persons to be insured:	Date of Birth <small>(month/day/year)</small> REQUIRED	Age	Monthly Rate*	# of months Travel Coverage	Daily Rate*	# of days
Applicant _____	__/__/__	__	_____	X = _____	_____	X = _____
Spouse _____	__/__/__	__	_____	X = _____	_____	X = _____
Child _____	__/__/__	__	_____	X = _____	_____	X = _____
Child _____	__/__/__	__	_____	X = _____	_____	X = _____
<i>Please attach additional sheet for more children</i>						
<i>*use applicable monthly and daily rates (see pages 5 and 6)</i>						
			Total (A)		Total (B)	Total (C)

5. Home Country Coverage (HCC) *(see page 13 for details)*

One month for every five months of purchased Travel Medical coverage up to a maximum of two months of HCC.

This will be added as additional months of coverage to your planned travel period and will begin upon the date of return to your home country.

Monthly Rate Total (A)	# of Months HCC Coverage	=	Total HCC Premium
_____	X _____	=	_____
			Total (D)

6. CIRCLE ONE	Deductible	Rate Factor	Deductible	Rate Factor
Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7	\$0	1.25	\$500	.90
	\$100	1.10	\$1000	.80
	\$250	1.00	\$2500	.70

Application Form continued on back

7. (B) Monthly premium total (from Total (B) in Section 4) _____	
(C) Daily premium total (from Total (C) in Section 4) + _____	
(D) HCC premium total (from Total (D) in Section 5) + _____	
Deductible rate factor (see Section 6) x _____	
(E) Base premium - enter in the space below _____	(E)
Extreme Sports Rider enter .20 if applicable _____	
Outreach Return Rider enter .05 if applicable + _____	
(F) Total Rider factor enter in space below to the right of the 1. = _____	(F)
Enhanced AD&D Rider - To purchase please complete the following calculation:	
X _____ = _____	
# of months _____	(G)
Rate from page 5/6 _____	
Enter (G) in the space below	
Patriot T.R.I.P. Lite - To purchase please complete the following calculation:	
÷ 100 = _____ X 4.52 = _____	
Total cost of trip for all travelers (<i>minimum \$500</i>) _____	(H)
Enter (H) in the space below	
(E) Enter the amount from E _____	
(F) Enter the amount from F to the right of the 1. X 1. _____	
	= _____
(G) Enter the amount from G + _____	
(H) Enter the amount from H + _____	
\$20 optional express mail + _____	
TOTAL AMOUNT DUE = _____	

IMG Producer Use Only	
Producer#	18508
GA#	_____
Name	Good Neighbor Insurance, INIC
Address	690 E. Warner Rd. - Suite 117 Gilbert
City, State, Zip	AZ 85296
Phone:	866 636-9100

Payment must be made for the total number of months you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

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

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

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

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

FOR PATRIOT T.R.I.P. LITE (only applicable if applicant has completed section 7H):
MEMBERSHIP I (we) hereby apply for membership to NSBTHA.

CERTIFICATION I (we) hereby certify that I (we) have read, or have had read to me (us), all statements on this application. I (we) represent that the responses are true, complete and correctly recorded; and that all travelers listed on this application are medically able to travel on the date this program is purchased. I (we) understand and agree that subject to your acceptance of this application and payment of the Total Program Cost, coverage will begin at 12:01 a.m. on the day after this completed application is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

X Signature of Insured or Proxy (Required) _____

Date _____ Phone _____

- 9. Payment Method** Check (To IMG) Wire Money Order (To IMG)
 MasterCard Visa American Express
 Discover JCB eCheck (ACH) available online

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Amount. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement. For your convenience, only one payment for the total amount due is required. You agree and understand that if your purchase includes Patriot T.R.I.P. Lite, the cost for this program will be allocated directly to iTravelInsured.

Card# _____ Expiration date _____
 Name on Card _____
 Signature _____
 Your Daytime Phone _____
 Your Billing Address _____