



Plan Administrator

International Medical Group®, Inc.

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Indianapolis, IN 46208-0809 USA

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For all other inquiries, please call 1.800.628.4664 or

1.317.655.4500

Fax: 1.317.655.4505

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www.imglobal.com

As the Plan Administrator for Sky RescueSM, IMG acts as the authorized agent for and on behalf of Sirius International.



SIRIUS
INTERNATIONAL

Plan Underwriter

Sky Rescue is a surplus lines product 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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CONTACT INFORMATION

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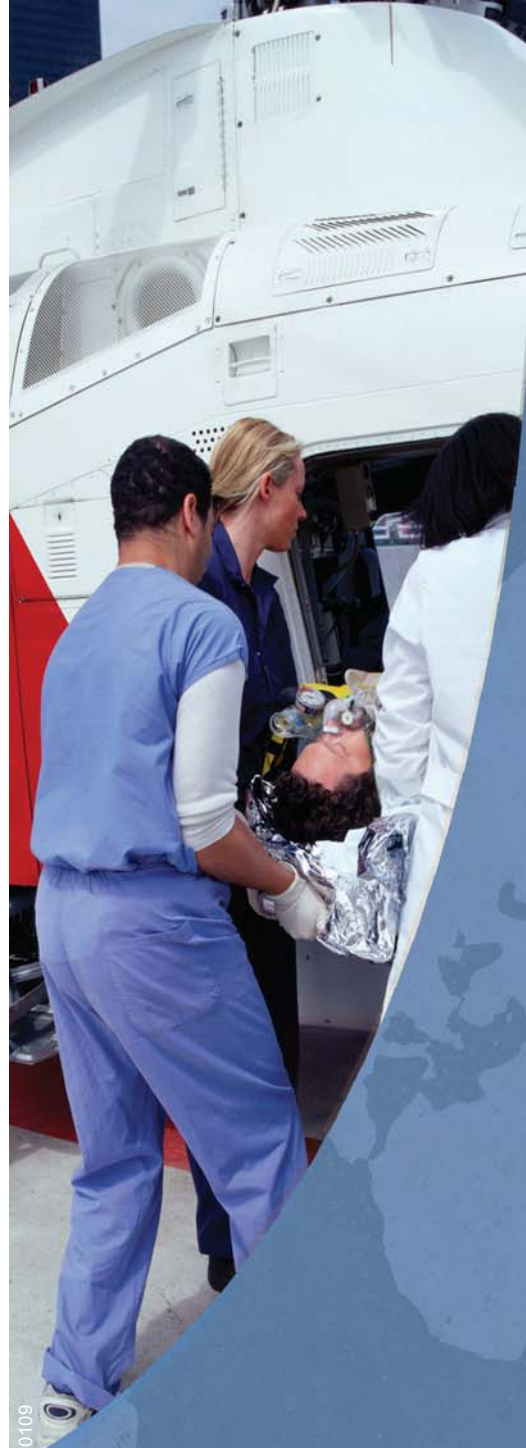
Crossborder Services LLC
Five Greentree Centre, Suite 104
Route 73

Marlton, NJ US 08053

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<http://www.americanvisitorinsurance.com>



Sky RescueSM

Emergency
medical
evacuation
coverage for
international
travelers



Why Consider Travel Insurance?



When you and your family are traveling abroad, probably the last thing on your mind is your health insurance. But what would happen if you or one of your family members became ill or injured while away from home and the treatment you need isn't available nearby?

Most travelers assume that their standard medical plan will cover the services necessary to get you to the nearest medical facility. The truth is, while traditional plans may offer adequate domestic coverage, they are not designed to provide this expensive service internationally.

What would you do if you needed to be evacuated to a qualified medical facility? How would you deal with the language and currency barriers? Who do you call? Imagine trying to call your insurance company or plan administrator at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

International Medical Group® (IMG®) has developed Sky RescueSM to provide you and your family Coverage Without Boundaries®.

Sky RescueSM

The Sky Rescue plan provides scheduled coverage for individuals under the age of 65 traveling outside their home country for a minimum of three months. The plan may be purchased for three months, six months or 12 months.

When you incur eligible medical expenses, the plan will provide benefits for Usual, Reasonable and Customary charges up to the limits outlined in the Schedule of Benefits on pages 3 and 4. Except for the Personal Liability Coverage, there will be no deductibles or coinsurance for this plan. In addition to the standard benefits, the primary insured person also has the option of purchasing enhanced Accidental Death and Dismemberment coverage.

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 pre-certification 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!

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	No deductible except for the Personal Liability Coverage
Personal Liability Coverage	
Injury to a Third Person:	Up to \$2,000 after a \$100 special deductible
Damage to a Third Person's Property:	Up to \$500 after a \$100 special deductible

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Evacuation	Up to \$100,000
Emergency Reunion	Up to \$15,000
Return of Mortal Remains	Up to \$20,000
Returning Minor Children	Up to \$5,000
Political Evacuation	Up to \$10,000

ADDITIONAL BENEFITS

Accidental Death and Dismemberment	Up to \$100,000
Loss	
Sight of one eye	\$50,000
One hand or one foot	\$50,000
One hand and the loss of sight of one eye	\$100,000
One foot and the loss of sight of one eye	\$100,000
One hand and one foot	\$100,000
Both hands or both feet	\$100,000
Sight of both eyes	\$100,000
Trip Interruption	Up to \$5,000
Lost Luggage	Up to \$50 per item; maximum of \$250 per Period of Coverage

This is a summary of benefits only. Please see pages 8-9 for a list of benefit descriptions.

OPTIONAL COVERAGE

Enhanced Accidental Death and Dismemberment

Available for the primary insured only; see page 5 for more details and rates

EMERGENCY TRAVEL ASSISTANCE SERVICES

The following services are available to you as part of Sky Rescue

- Emergency Travel Arrangements
- Lost Passport/Travel Documents Assistance
- Lost Luggage Assistance
- Embassy or Consulate Referral
- Emergency Message Relay
- Emergency Prescription Replacement
- Medical Referral
- 24-Hour Medical Monitoring
- Emergency Cash Transfer
- Legal Referral
- Emergency Translations



This is a summary of emergency travel assistance services only. Please see page 10 for a list of service descriptions.

SKY RESCUE RATES

STANDARD COVERAGE			
	3 months	6 months	12 months
Single	\$76	\$95	\$168
Couple	\$101	\$127	\$224
Family	\$126	\$157	\$280

OPTIONAL COVERAGE RATES

Enhanced Accidental Death and Dismemberment*			
	3 months	6 months	12 months
Up to \$100,000 additional coverage	\$38	\$48	\$60
Up to \$200,000 additional coverage	\$76	\$96	\$120
Up to \$300,000 additional coverage	\$114	\$144	\$180
Up to \$400,000 additional coverage	\$152	\$192	\$240

*Optional coverage is available for the primary insured person only. This coverage is in addition to the \$100,000 Accidental Death and Dismemberment included in the Sky Rescue plan.

All premium rates are effective through 12/31/09. Rates include surplus lines tax where applicable.

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.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to all terms of the certificate of coverage and Master Policy.
2. Coverage under the 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 condition applies to all persons applying for and/or enrolling in Sky Rescue.

- Sky Rescue is travel insurance for U.S. citizens under the age of 65 traveling outside the United States and for non-U.S. citizens under the age of 65 traveling outside their home country.

EXTENSION OF COVERAGE

The Sky Rescue plan can be rewritten for succeeding or subsequent periods once the initial Period of Coverage expires. New Deductible, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

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 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 (for non-U.S. citizens, the date following such receipt);
2. the date you depart from your home country; or
3. the date requested on your Application Form.

Sky Rescue 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.

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 on 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

CLAIM PAYMENT

All benefits payable under Sky Rescue are subject to the provisions described in this brochure and as contained in the Policy Wording and certificate of coverage. To make claim processing efficient, claims may be paid in two ways.

1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed 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 Sky Rescue plan.

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:

The plan includes coverage for emergency medical evacuation 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 \$100,000. 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.

EMERGENCY REUNION:

The plan provides emergency reunion coverage, up to \$15,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an emergency medical evacuation: either the cost of accompanying the insured during the evacuation or traveling from the 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 \$20,000.

RETURNING 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 plan will pay up to \$5,000 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.

ACCIDENTAL DEATH AND DISMEMBERMENT:

In the event of the accidental death of an insured, the plan will pay \$100,000 to the insured's estate or designated beneficiary provided that the death was not the result of a pre-existing condition. In the event of dismemberment suffered by an insured, the plan will pay as specified on page 3.

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, the plan will pay to return the insured to the area of principal residence. The plan will pay for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

LOST LUGGAGE:

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 EMERGENCY TRAVEL ASSISTANCE SERVICES

EMERGENCY TRAVEL ARRANGEMENTS:

In the event you must return home or discontinue your trip as a result of an interruption in travel due to an illness of your spouse, child, parent, in-law, or grandparent, IMG will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.

LOST PASSPORT/TRAVEL DOCUMENTS ASSISTANCE:

IMG will help you report, retrieve or replace lost or stolen travel documents, such as your passport, credit cards and airline tickets.

LOST LUGGAGE ASSISTANCE:

IMG will assist you in communicating with the commercial carrier for the return of your lost luggage.

EMBASSY OR CONSULATE REFERRAL:

IMG will inform you of the location and contact telephone numbers for the nearest embassy or consulate, no matter where you are.

EMERGENCY MESSAGE RELAY:

IMG will receive or transmit emergency messages between you, your family and your employer.

EMERGENCY PRESCRIPTION REPLACEMENT:

IMG will assist with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs (if any).

MEDICAL REFERRAL:

If urgent medical advice or care is needed, IMG is prepared to refer you to the nearest appropriate care facility or provide a listing of available medical care to you. IMG will also help with obtaining an appointment with the medical care provider you have chosen.

24-HOUR MEDICAL MONITORING:

If you are hospitalized, IMG will provide medical professionals to communicate with your treating doctor(s) and help you monitor your condition. IMG can also communicate with your family doctor as you direct.

EMERGENCY CASH TRANSFER:

IMG will help you transfer funds, up to \$500, in the event of a medical or travel emergency.

LEGAL REFERRAL:

IMG will provide you with a referral to the nearest attorney.

EMERGENCY TRANSLATIONS:

IMG will provide personal, emergency telephone translation services and referral to a local interpreter service should you require language assistance.

EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under the Sky Rescue plan.

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. **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.
3. **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.
4. **Charges for pre-natal care**, delivery, post-natal care, and care of newborns, including complications of pregnancy, miscarriage, complications of delivery and/or complications of newborns.
5. **Injury sustained while participating** in amateur or professional sports, including practice or preparation for such sports, or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, wind-surfing and white-water rafting.
6. **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.
7. **Treatment for, and injuries and/or illnesses** resulting or arising from, substance abuse or drug addiction.

8. **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.
9. **Willfully self-inflicted** injury or illness.
10. **Treatment required as a result of** or arising from complications from a treatment or condition not covered under the certificate.
11. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
12. Treatment for mental and nervous disorders.
13. **Charges incurred for any** travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance.
14. **Any taxes, involuntary** or forced contributions, assessments, charges, fees or surcharges imposed by any governmental agency or authority.

This brochure contains only a consolidated and summary description of all current Sky Rescue 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

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)

Mission Plans:

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

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 iTravellInsured® 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

Applicant information: Sky RescueSM Please print legibly and complete **ALL SECTIONS** of this application.

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

Last Name _____ First Name _____ Middle _____

Government Issued ID Number _____ Country of Citizenship _____

Home Country _____ Destination Country _____

Beneficiaries

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

Send Confirmation of Coverage and Fulfillment Kit to: I will use the Online Fulfillment Kit Option (see page 7 for details)

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____ Country _____

If the address above is in Florida, is the applicant currently located in Florida? Yes No

(Determines applicable surplus lines tax and will not affect coverage)

Names of Persons to be insured:

Date of Birth
(month/day/year)
REQUIRED

Age

(month / day / year)

Applicant _____ /_____/____

Requested effective date
(see How to Enroll, page 7)

____/____/____

Spouse _____ /_____/____

Date of departure from
your Home Country

____/____/____

Child _____ /_____/____

Date of return to
your Home Country

____/____/____

Child _____ /_____/____

Please attach additional sheet for more children

Calculating Your Premium:

Circle the coverage plan and plan option and continue to next page:

A) Sky Rescue

Single: 3 months (\$76) 6 months (\$95) 12 months(\$168)

Couple: 3 months (\$101) 6 months (\$127) 12 months (\$224)

Family: 3 months (\$126) 6 months (\$157) 12 months (\$280)

B) Optional Enhanced AD&D*

Up to \$100,000: 3 months (\$38) 6 months (\$48) 12 months (\$60)

Up to \$200,000: 3 months (\$76) 6 months (\$96) 12 months (\$120)

Up to \$300,000: 3 months (\$114) 6 months (\$144) 12 months (\$180)

Up to \$400,000: 3 months (\$152) 6 months (\$192) 12 months (\$240)

**The Optional Enhanced AD&D is in addition to the \$100,000 Accidental Death and Dismemberment included in the plan*

(A) Sky Rescue Premium from previous page	_____
(B) Enhanced AD&D Premium from previous page	+ _____
Total Premium	= _____
\$20 <i>optional</i> express mail	+ _____
TOTAL AMOUNT DUE	= _____

IMG Producer Use Only	
Producer#	57479 _____
GA#	_____
Name	Crossborder Services LLC _____
Address	Five Greentree Centre, Suite 104 - Route 73 _____
City	Marlton _____
State	NJ _____ Zip 08053 _____
Phone:	877-340-7910 _____

0109

SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, for Sky Rescue 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 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). Indiana law shall govern all rights and claims raised under this Certificate of Insurance. 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, website, or other producer, if any, involved with respect to the solicitation of this application is acting solely as my legal agent and representative and is representing my personal interests, and that such person has no authority to bind or speak for, and is not acting as the legal agent or representative of, the Company or IMG, (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 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, (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.

X Signature of Insured or Proxy (Required) _____
Date _____ Phone _____

Payment must be made for the total number of months you want coverage. Refund of premium will be made only if a written request is received by IMG as explained in the "Quality Guarantee" section on page 6. All payments must be made in U.S. dollars and drawn on U.S. banks.

Payment Method	<input type="checkbox"/> Check (To IMG)	<input type="checkbox"/> Money Order (To IMG)	<input type="checkbox"/> Wire	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB
eCheck (ACH) available online								
<i>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.</i>								
Card#	_____	Exp. date	_____	Name on Card	_____			
Signature	_____			Your Daytime Phone	_____			
Your Billing Address	_____							