ASSURANT Health

INTERNATIONAL MEDICAL GROUP

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SIRIUS INTERNATIONAL

Patriot Travel Medical Insurance is a surplus lines product and contracts are marketed by Assurant Health, administered by International Medical Group, Inc. and underwritten by Sirius International Insurance Corporation (publ).

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Rates are valid through 12/2007.
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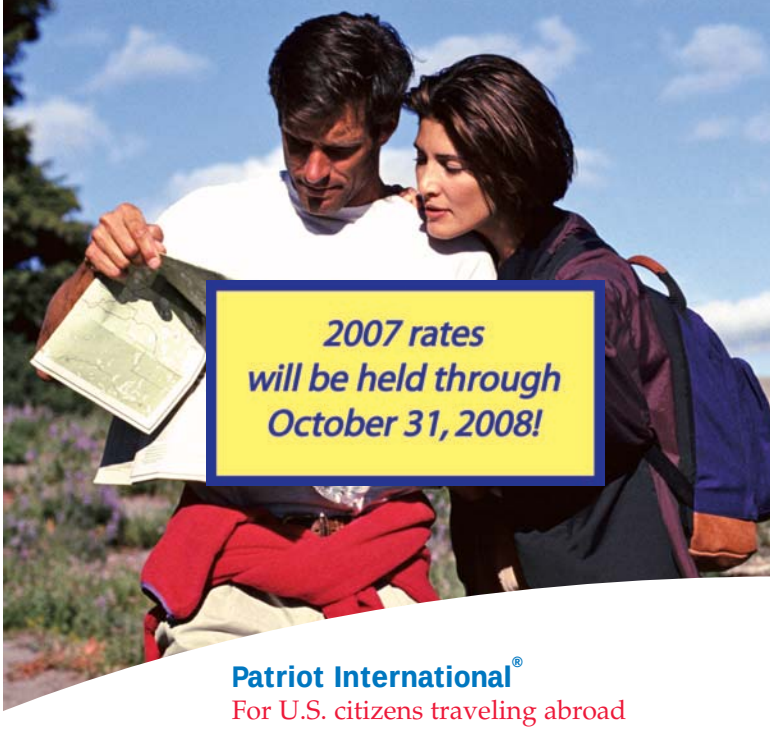
ASSURANT Health

Contracts administered by IMG and underwritten by Sirius International.

Protection Abroad

Patriot Travel Medical Insurance®

Medical Insurance for International Travelers



Patriot International®
For U.S. citizens traveling abroad

Patriot America®
For non-U.S. citizens traveling abroad

SIRIUS INTERNATIONAL

INTERNATIONAL MEDICAL GROUP

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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 may not be 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 Patriot Travel Medical Insurance® 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.

Patriot International®

Patriot 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 "Extension of Coverage" section on page 8 for more information.

Patriot America®

Patriot 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 "Extension 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.

The Experienced Plan Administrator

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

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claims administrators, on-site medical staff, and customer service professionals work together to give you true Global Peace of Mind®. IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. You can rest assured that IMG will be there for you whether it be for routine treatment or during a medical emergency.

My*IMG*℠

With this tool you have the ability to access the information you need to manage your account online 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, read announcements, obtain certificate documents, initiate precertification and search for physicians within the First Health Network (PPO) as well as through the International Provider Access℠ (IPA), a database of over 8,600 facilities outside the United States!

Locating a Provider

With the Patriot® plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you may reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG (all PPO providers are contracted separately through First Health Group Corp.).

IMG also provides an online International Provider Access (IPA) database 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 IMGLOBAL® website, www.imglobal.com.

Akeso Care Management®

ACM® is a URAC accredited health care management company specializing in the complete spectrum of Medical Management Services. ACM offers a unique blend of service components and expertise in cost containment. Rather than work with a third party vendor in dealing with Emergency Medical Evacuation, Precertification, Disease Management, Medical Claims Auditing, Claim Rate Negotiations and Large Case Management, you will work directly with IMG's wholly-owned subsidiary, ACM, and receive the security you need, along with peace of mind.

Schedule of Benefits

PLAN INFORMATION

Deductible	Your choice of US$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 US$5,000, then 100% up to the Policy Maximum
Out of the PPO Network	The plan pays 80% of eligible expenses up to US$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
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 US$250 deductible
Dental Injury due to accident	Up to Policy Maximum
Sudden dental pain	Up to US$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 Policy Maximum
Emergency Reunion	Up to US$15,000
Return of Mortal Remains	Up to US$25,000
Returning Minor Children	Up to US$5,000
Political Evacuation	Up to US$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	US$50,000 to beneficiary; maximum of US$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for basic sports
Accidental Death & Dismemberment	US$25,000 principal sum
Terrorism Coverage	Up to US$50,000 lifetime maximum
Identity Theft Assistance	Up to US$500 per Period of Coverage
Trip Interruption	Up to US$5,000
Lost Luggage	Up to US$50 per item of personal property; maximum of US$250 per Period of Coverage

ADDITIONAL BENEFITS FOR U.S. CITIZENS ONLY

Indemnity	Up to US$100 per night
Sudden Recurrence of a Pre-existing Condition	
Medical	Up to US$15,000 of eligible expenses
Emergency Medical Evacuation	Up to US$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.

PATRIOT INTERNATIONAL RATES

ONE MONTH RATES (five Policy Maximum options)

Age	Option 5 $50,000 One Month	Option 6 $100,000 One Month	Option 7 $500,000 One Month	Option 8 $1,000,000 One Month	Option 9 $2,000,000 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	$180	$201
65-69	$129	$138	$158	$189	$243
70-79	$189	N/A	N/A	N/A	N/A
80+*	$378	N/A	N/A	N/A	N/A
Dep. Child	$18	$23	$27	$28	$34
Child Alone	$32	$36	$41	$46	$52

*US$10,000 Maximum

DAILY RATES (10 day minimum)

Age	Option 5 $50,000 Daily	Option 6 $100,000 Daily	Option 7 $500,000 Daily	Option 8 $1,000,000 Daily	Option 9 $2,000,000 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

*US$10,000 Maximum

EXTREME SPORTS RIDER

Monthly Rates -Available in monthly increments up to a maximum of 12 months

U.S. Citizen US$30

ENHANCED AD&D RIDER

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

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

All premium rates are in U.S. dollars and are effective through 12/31/07. Rates include 2.5% 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 US$10,000.

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

PATRIOT AMERICA RATES

ONE MONTH RATES (four Policy Maximum options)

Age	Option 1 $50,000 One Month	Option 2 $100,000 One Month	Option 3 $500,000 One Month	Option 4 $1,000,000 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

*US$10,000 Maximum

DAILY RATES (10 day minimum)

Age	Option 1 $50,000 Daily	Option 2 $100,000 Daily	Option 3 $500,000 Daily	Option 4 $1,000,000 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

*US$10,000 Maximum

EXTREME SPORTS RIDER

Monthly Rates -Available in monthly increments up to a maximum of 12 months

Non-U.S. Citizen US$45

ENHANCED AD&D RIDER

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

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

All premium rates are in U.S. dollars and are effective through 12/31/07. Rates include 2.5% 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 US$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 Extreme Sports Rider, optional riders apply to all individuals listed on the Application Form.

Leisure Sports Rider	Up to Policy Maximum
Extreme Sports Rider	Up to US$50,000 lifetime maximum
Enhanced AD&D Rider	Up to an additional US$400,000
Patriot Return Rider	Available to non-U.S. citizens who have purchased a Patriot America plan

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 Patriot 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 Patriot 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 the plan underwriter, and to IMG as the plan administrator. If, for any reason, you are not pleased with this product, you may submit a written request for cancellation and refund of your premium. In order to be considered for a full refund, your request for cancellation must be received by IMG prior to your effective date. If you do not have any claims filed with IMG, you may cancel your plan after your effective date, however, the following conditions will apply: 1) you will be required to pay a US$25 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 a Patriot 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 REQUIREMENTS

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

- Patriot 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 over age 65 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.

EXTENSION OF COVERAGE

If Patriot America or Patriot International 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 US$5 processing fee. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period. *Please note: Extension 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.

Patriot 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 pages 12 & 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

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 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%. Precertification is not an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

For precertification, emergency evacuation, and 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 at our website, www.imglobal.com. Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to provide the required information, which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of the email, and once we have received the request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 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 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 directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be made either to the Insured Person or directly to the provider.

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

DESCRIPTION OF BENEFITS

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

DENTAL:

Injury due to an accident- Each Patriot 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 US$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

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.

EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE:

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

EMERGENCY EVACUATION:

Each Patriot 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 the Policy Limit.

EMERGENCY REUNION:

Each Patriot plan provides emergency reunion coverage, up to US$15,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the 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 US$25,000.

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 Patriot plans will pay up to US$5,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

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 US$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.

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).

COMMON CARRIER ACCIDENTAL DEATH:

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

SPORTS AND ACTIVITIES COVERAGE:

Each Patriot plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition.

The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, windsurfing and whitewater rafting.

ACCIDENTAL DEATH AND DISMEMBERMENT:

Each Patriot plan includes US$25,000 principal sum benefit for Accidental Death and Dismemberment occurring during the Period of Coverage: • Accidental Loss of life - principal sum; • Accidental Loss of two Members - principal sum; • Accidental Loss of one Member - 50% of principal sum. *"Member" means hand, foot or eye.*

TERRORISM COVERAGE:

Each Patriot 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 US$50,000 lifetime maximum. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is defined as the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand. However, this 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 Patriot 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.

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 Patriot 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.

INDEMNITY:

(U.S. citizens only) Patriot International will pay directly to the insured person US$100 for each night of a required overnight stay in a hospital. However, the hospital stay must be covered under this plan in order to receive this benefit.

SUDDEN RECURRENCE OF A PRE-EXISTING CONDITION:

(U.S. citizens only) Up to US$15,000 will be paid for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside of the U.S. In addition, up to US$25,000 will be paid for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a Pre-existing Condition. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 16.

DESCRIPTION OF OPTIONAL RIDERS

LEISURE SPORTS:

The Leisure Sports Rider **is available on both Patriot plans** and adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For premium information, please see the back of the Application Form.

EXTREME SPORTS:

The Extreme Sports Rider **is available on both Patriot plans** and adds up to 12 months of coverage for those under the age of 50. This rider provides up to US$50,000 lifetime maximum for the following activities: abseiling, BMX, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, kayaking, inline skating, mountain biking, mountaineering (ropes and guides to 4500m from ground level), paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level), skydiving, spelunking, whitewater rafting (to Class V). These extreme activities must be engaged in solely for leisure, recreation, or entertainment purposes.

ENHANCED AD&D:

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 Patriot plans. Coverage must be purchased for a minimum of three months.

PATRIOT RETURN RIDER:

(Non-U.S. citizens only) When purchased at the time of application, Patriot Return provides temporary medical coverage for non-U.S. citizens returning to their home country. The insured person must be outside his/her home country at time of application. 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 Patriot plans.

1. Pre-existing Conditions. A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, terrorism, political insurrection, protest, or any act thereof. 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: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, wind-surfing and whitewater rafting.
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.

11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from 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 Patriot 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

Short-term Travel Plans:

Patriot Travel Medical Insurance®
Patriot Group Travel Medical Insurance®
Patriot Executive®, Patriot Executive Group
Patriot Exchange Program℠

Long-term Travel Plans:

Global Medical Insurance®

Employer Plans:

GEO℠ Group
Global Educators Medical (GEM℠)

Mission Plans:

Global Mission Medical Insurance℠
Global Mission Basic®
Outreach Travel Medical Insurance℠
MP+International℠

Marine Plans:

Global Crew Medical Insurance®
International Marine Medical Insurance℠

Specialty Plans:

Patriot Extreme®, Sky Rescue℠

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

Patriot T.R.I.P. "Lite"℠, Patriot T.R.I.P.℠
Patriot Student℠ T.R.I.P., Patriot T.R.I.P. Elite℠

PROTECTING YOUR TRAVEL INVESTMENT

iTI®
iTravelInsured

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, there's Patriot T.R.I.P "Lite"℠.

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

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.

PRE-EXISTING CONDITIONS

There are no benefits for expenses incurred as a result of a pre-existing condition. However, this pre-existing condition exclusion is waived if the insured is under age 70 and Patriot T.R.I.P. "Lite" is purchased within 14 days from the date initial deposit for the covered trip was paid to the travel supplier and all insureds are medically able to travel on the date coverage is purchased.

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 Patriot 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:	Date of Birth (month/day/year - REQUIRED)	Age	Monthly Rate	# of months		Daily Rate	# of days	
Applicant John Traveler	4 / 2 / 62	44	$73	x 6	= $438	$2.45	x 23	= $56.35
Spouse Jane Traveler	7 / 8 / 68	38	57	x 6	= 342	1.95	x 23	= 44.85
Child Susan Traveler	10 / 27 / 90	16	27	x 6	= 162	.95	x 23	= 21.85
Child Jim Traveler	1 / 25 / 92	15	27	x 6	= 162	.95	x 23	= 21.85
			$184.00 Total (A)		$1,104.00 Total (B)			$144.90 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 1/1/07 and ages were determined as of 1/20/07, 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 Total (A)		# of Months HCC Coverage		Total HCC Premium
$184.00	x	1	=	$184.00
(see page 13 for details)				Total (D)

Completing Section 7 of the Application Form - Sample information

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 Leisure Sports Rider, the Patriot T.R.I.P. "Lite" coverage, the Extreme Sports Rider, and the Enhanced AD&D Rider.

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 four 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.

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

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
= 1,432.90
Deductible rate factor (see Section 6) x 1.10
(E) Base premium - enter in the space below = 1,576.19

Leisure Sports Rider enter .20 if applicable .20
Patriot Return Rider enter .05 if applicable + ---
(F) Total Rider factor enter in space below to the right of the 1. = .20

Extreme Sports Rider - To purchase this option, please complete the following calculation:
2 (Number of travelers who require this rider) x 3 (Number of months) x 30 (Rate from page 5) = 180.00 (G)
Enter (G) in the space below

Enhanced AD&D Rider - To purchase this option, please complete the following calculation:
3 (Number of months) x 16 (Rate from page 5) = 48.00 (H)
Enter (H) in the space below

Patriot T.R.I.P. "Lite" - To purchase this option, please complete the following calculation:
8,000 (Total cost of trip for all travelers) ÷ 100 = 80 X 4.52 = 361.60 (I)
Enter (I) in the space below

Enter the amount from (E) 1,576.19
Enter the amount from (F) to the right of the 1. x 1. 20
= 1,891.43
Enter the amount from (G) + 180.00
Enter the amount from (H) + 48.00
Enter the amount from (I) + 361.60
***Optional* express mail** + 20.00
TOTAL AMOUNT DUE $2,501.03

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

Last Name_____First Name_____Middle_____

Passport, SSN, or Driver's License Number_____Issuing Country_____

Home Country_____Destination Country(ies)_____

Please indicate beneficiaries for the accidental death and common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.

Beneficiary for Applicant_____Relationship to Applicant_____

Beneficiary for Spouse/Children_____Relationship to Spouse/Children_____

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_____E-mail_____

Address, City, State, Country, Postal Code_____

_____

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

❑ Patriot America for non-U.S. citizens

Option Number: 1__ 2__ 3__ 4__

❑ **Applicants over age 65** *(see page 8 for details)*

Current Carrier_____

Date of arrival in the U.S._____**OR**

Expiration date of current coverage_____

❑ Patriot International for U.S. citizens

Option Number: 5__ 6__ 7__ 8__ 9__

Must complete for *all* plans (month / day / year)

Requested effective date: ____/____/____
(see How to Enroll, page 9)

Date of departure from your Home Country: ____/____/____

Date of return to Home Country: ____/____/____

4. Names of Persons to be insured:

	Date of Birth (month/day/year) REQUIRED	Age	Monthly Rate*	# of months Travel Coverage	Daily Rate*	# of days
❑ Applicant_____	___/___/___	____	_____X	_____=_____	_____X	_____=_____
❑ Spouse_____	___/___/___	____	_____X	_____=_____	_____X	_____=_____
❑ Child_____	___/___/___	____	_____X	_____=_____	_____X	_____=_____
❑ Child_____	___/___/___	____	_____X	_____=_____	_____X	_____=_____
			_____ Total (A)	_____ Total (B)		_____ Total (C)

▲ Please check the box in front of the applicant's name for those who would like to purchase the optional Extreme Sports Rider. Please see page 15 for more information.

Please attach additional sheet for more children

***use applicable monthly and daily rates (see pages 5 and 6)**

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

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7

Deductible	Rate Factor	Deductible	Rate Factor
US$0	1.25	US$500	.90
US$100	1.10	US$1000	.80
US$250	1.00	US$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)**

Leisure Sports Rider enter .20 if applicable _____

Patriot Return Rider enter .05 if applicable +_____

(F) Total Rider factor enter in space below to the right of the 1. =_____ **(F)**

Extreme Sports Rider - To purchase complete the following calculation:

_____X_____X_____=_____

# of travelers who require this rider | # of months | Rate from page 5/6 | **(G)**

Enter (G) in the space below

Enhanced AD&D Rider - To purchase please complete the following calculation:

_____X_____=_____

# of months | Rate from page 5/6 | **(H)**

Enter (H) 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)**

Enter (I) 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 +_____

(I) Enter the amount from I +_____

US$20 *optional* express mail +_____

TOTAL AMOUNT DUE =_____

IMG Producer Use Only

Producer#_____

GA#_____

Name_____

Address_____

_____

City, State, Zip_____

Phone:_____

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 Community Trust & Investment Co., Noblesville, IN, for Patriot 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 this 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.

FOR PATRIOT T.R.I.P. "LITE":

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**_____

Date_____ Phone_____

9. Payment Method ❑ Check (To IMG) ❑ Wire ❑ Money Order (To IMG) ❑ MasterCard ❑ Visa ❑ American Express ❑ Discover ❑ JCB

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_____