



INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.

2960 North Meridian Street

Indianapolis, IN 46208 USA

For marketing questions, please call 866.368.3724

For all other inquiries, please call 800.628.4664 or 317.655.4500

Fax: 317.655.4505

Email: insurance@imglobal.com

www.imglobal.com

As the Plan Administrator for the Exchange Program Group plans, IMG acts as the authorized agent for and on behalf of Sirius International.



Plan Underwriter

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

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

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INTERNATIONAL MEDICAL GROUP



EXCHANGE PROGRAM GROUPSM PLAN

CONTACT INFORMATION

Producer Contact Information:

Exchange Program Plan



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

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

The Experienced Plan Administrator



Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the

international insurance market, IMG provides coverage services to individuals, families, and groups in more than 150 countries.

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

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

Basic Short-Term Travel Plan

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Deductible	\$100 per illness or injury
Coinsurance	100%
Plan maximum	\$10,000 per illness or injury with a lifetime maximum of \$500,000
Treatment period	60 days per chronic illness
Hospital room & board	Up to semi-private room rate
Hospital intensive care	URC*
Physical therapy	URC*, 1 visit per day
Physician visit	URC*
Eligible medical expenses	URC*
Emergency Room	URC*
Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional \$250 deductible if treatment does not require admittance to the hospital	
Emergency medical evacuation	\$25,000 lifetime maximum
Emergency reunion	\$5,000 lifetime maximum
Return of mortal remains	\$7,500
Accidental death	\$5,000
Dismemberment	Dismemberment: \$5,000 two limbs; \$2,500 one limb

Optional Add-on Plan

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Baggage	
•Loss/theft of Baggage	\$250
•Loss/theft of Valuables	\$250
•Loss/theft of Personal Papers	\$250
Legal Assistance	
•Binder Fee	\$500 when served with summons
Personal liability	
•Injury to third party	\$2,000 limit after \$100 deductible
•Damage to third person property	\$500 limit after \$100 deductible Secondary to any other insurance in force
Limited high school sports coverage	

Standard Short-Term Travel Plan

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Deductible	\$100 per illness or injury
Coinsurance	100%
Plan maximum	Choice of \$50,000, \$250,000 or \$500,000 per illness or injury with a lifetime maximum of \$500,000
Treatment period	60 days per chronic illness
Hospital room & board	Up to semi-private room rate
Hospital intensive care	URC*
Physical therapy	URC*, 1 visit per day
Physician visit	URC*
Eligible medical expenses	URC*
Dental	Sudden and unexpected pain, \$85; Accident, \$500
Emergency Room	URC*
Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional \$250 deductible if treatment does not require admittance to the hospital	
Emergency medical evacuation	\$50,000
Emergency reunion	\$15,000
Return of mortal remains	\$25,000
Accidental death	\$25,000
Dismemberment	Dismemberment: \$25,000 two limbs; \$12,500 one limb

Optional Add-on Plan

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Baggage	
•Loss/theft of Baggage	\$250
•Loss/theft of Valuables	\$250
•Loss/theft of Personal Papers	\$250
Legal Assistance	
•Binder Fee	\$500 when served with summons
Personal liability	
•Injury to third party	\$2,000 limit after \$100 deductible
•Damage to third person property	\$500 limit after \$100 deductible Secondary to any other insurance in force
Limited high school sports coverage	

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

Long-Term Annual Plan

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Deductible	Inpatient: \$100; Outpatient: \$40
Coinsurance	100%
Maximum limit	\$1,000,000
Treatment period	60 days per chronic illness
Hospital room & board	Up to semi-private room rate
Hospital intensive care	URC*
Physical therapy	URC*, 1 visit per day
Physician visit	URC*
Eligible medical expenses	URC*
TMJ	\$5,000 lifetime maximum
Dental	Sudden and unexpected pain, \$300; Accident, \$500
High school sports coverage	Organized sports coverage Professional sports excluded
Urgent travel expense	\$500
Emergency Room	URC*
Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional \$250 deductible if treatment does not require admittance to the hospital	
Emergency medical evacuation	Maximum limit
Emergency reunion	\$15,000 (also includes roundtrip air ticket for relative if member is hospitalized for 7 days or longer)
Return of mortal remains	\$25,000
Accidental death	\$25,000 (hazardous sports excluded)
AD&D	Dismemberment: \$25,000 two limbs; \$12,500 one limb
Baggage	
•Loss/theft of Baggage	\$1,000
•Loss/theft of Valuables	\$350
•Loss/theft of Personal Papers	\$500

Optional Add-on Plan

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Legal assistance	
•Binder Fee	\$500 when served with summons
•Attorney Fees	Up to \$20,000
Sports coverage	
•Limited hazardous sports coverage	No AD&D
Personal liability	
•Injury to third party	\$5,000 medical payment sub-limit after \$100 deductible; Up to \$250,000 maximum with judgement
•Damage to third person property	\$1,000 sub-limit after \$100 deductible; Up to \$100,000 maximum with judgement

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

Basic Short-Term Travel Plan Rates - \$500,000 lifetime maximum		
Non-US Citizens: Worldwide coverage except home country	Monthly Premium	Monthly Premium w/Optional Add-on Plan
\$10,000 per illness/injury	\$23.00	\$25.30
US Citizens: Worldwide coverage except US	Monthly Premium	Monthly Premium w/Optional Add-on Plan
\$10,000 per illness/injury	\$17.05	\$18.85
Europe to Europe travel only	Monthly Premium	Monthly Premium w/Optional Add-on Plan
\$10,000 per illness/injury	\$14.25	\$15.70

Standard Short-Term Travel Plan Rates - \$500,000 lifetime maximum		
Non-US Citizens: Worldwide coverage except home country	Monthly Premium	Monthly Premium w/Optional Add-on Plan
A. \$50,000 per illness/injury	\$37.00	\$38.85
B. \$250,000 per illness/injury	\$46.00	\$48.30
C. \$500,000 per illness/injury	\$48.50	\$50.90
US Citizens: Worldwide coverage except US	Monthly Premium	Monthly Premium w/Optional Add-on Plan
A. \$50,000 per illness/injury	\$27.50	\$28.85
B. \$250,000 per illness/injury	\$34.00	\$35.70
C. \$500,000 per illness/injury	\$36.00	\$37.80
Europe to Europe travel only	Monthly Premium	Monthly Premium w/Optional Add-on Plan
A. \$50,000 per illness/injury	\$23.00	\$24.15
B. \$250,000 per illness/injury	\$28.00	\$29.40
C. \$500,000 per illness/injury	\$30.00	\$31.50

Long-Term Annual Plan Rates

If you would like more information on these rates, please contact your independent agent or International Medical Group.

International Medical Group, Inc.
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Fax: 317.655.4505
Email: insurance@imglobal.com
Website: www.imglobal.com

All premium rates are in US dollars and are effective through 12/31/06. Rates include 2.5% surplus lines tax. A dependent child is a child shown on the Application Form over 14 days and under 18 years of age, traveling with the group as a dependent of a group member, and for whom premium has been paid.

Optional Riders

Terrorism Rider

The Terrorism Rider provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse eligible medical claims subject to a US\$50,000 lifetime maximum. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is defined as the systematic or planned use of violence, fear, or threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand. However, this Rider does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the 6 months prior to the insured person's date of arrival.

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

Sports Rider

The Sports Rider adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing.

Quality Guarantee

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

Exclusions

- (1) Pre-existing Conditions (and illness or injury caused by any pre-existing conditions)
- (2) War, military action, terrorism, political insurrection, protest, or any act thereof
- (3) Congenital conditions
- (4) Maternity and Newborn Care
- (5) Mental or Nervous Disorders and/or Substance Abuse
- (6) Charges for services that are:
 - not incurred during the Period of Insurance
 - not submitted to IMG for payment within ninety (90) days of the date of service
 - not medically necessary
 - not administered or ordered by a Physician
 - provided at no cost
 - in excess of Usual, Reasonable, and Customary
 - for 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
 - provided by a chiropractor, unless ordered in advance by a doctor of medicine
 - provided by a relative or by a person who resides in your home
 - not included as Eligible Medical Expenses as defined in certificate wording
 - required or recommended as a

(continued on the next page)

result of complications arising from any Treatment, Illness, Injury, or supply excluded from coverage or which is otherwise not covered under this insurance

- (7) Charges incurred for telephone consultations or due to a failure to keep a scheduled appointment
- (8) Charges incurred for surgeries or Treatment or supplies which are Investigational, Experimental, or for Research Purposes, or charges related to genetic medicine or genetic testing
- (9) Charges incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care
- (10) Charges incurred for any surgery, Treatment or supplies relating to:
 - weight modification (including morbid obesity)
 - modification of the physical body in order to change the physical appearance or psychological, mental or emotional well-being of the Insured Person
 - cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance
 - amateur athletics except for high school sports
 - professional athletics; (including Injury sustained while (1) participating in any intercollegiate, or professional sport, contest or competition; (2) traveling to or from such sport, contest or competition as a participant; or (3) while participating in any practice or conditioning program for such sport, contest or competition)
 - Injury or Illness sustained while taking part in mountaineering activities; aviation (except when traveling as a passenger in a commercial aircraft); hang gliding; parachuting; glider flying; parasailing; sail planing; bungee jumping; snowmobiling; snow skiing except for recreational downhill and/or cross country snow skiing and/or snow boarding (no cover provided whilst skiing in violation of applicable laws, rules or regulations; away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body); racing of any kind including by horse, motor vehicle (of any type) or motorcycle; spelunking; and scuba diving
 - traveling in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including without limitation: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; or ski cycle
 - any Illness or Injury sustained while participating in a sporting, recreational or adventure activity when undertaken against the advice or direction of the local authority or qualified instructor or contrary to the rules and procedures of a recognized governing body for the sport or activity
 - any Illness or Injury sustained while participating in any activity when such activity is undertaken against medical advice
 - any Injury or Illness sustained while under the influence of intoxicating liquor or drugs
 - any willfully self-inflicted Injury or Illness
 - any Illness or Injury resulting from or occurring during the commission of a violation of law, excluding minor traffic violations
 - speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy
 - orthoptics, visual therapy or visual eye training
 - any Illness or Treatment of the feet
 - any hair loss
 - any sleep disorder
 - any exercise program
 - any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
 - any organ or tissue or other transplant or related services, Treatment or supplies
 - any artificial or mechanical devices designed to replace human organs temporarily or permanently
- (11) Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, and injuries or illness caused by such Treatment or supply
- (12) Charges incurred for any Treatment or supply that promotes, enhances or corrects impotency or sexual dysfunction
- (13) Charges incurred for Dental Treatment, except as otherwise expressly set forth in emergency dental treatment
- (14) Charges incurred for eyeglasses, contact lenses, hearing aids, hearing implants however, replacement prescription eyeglasses are covered to a maximum benefit of \$135 if loss occurred related to a covered Accident
- (15) Charges incurred for eye Surgery to correct nearsightedness, farsightedness, or astigmatism
- (16) Charges incurred for any immunizations and/or routine physical exams

- (17) Charges incurred for any travel, meals, transportation and/or accommodations, except as provided for in this insurance
- (18) Charges or expenses incurred for non-prescription drugs, medicines, vitamins, food extracts, or nutritional supplements
- (19) Charges related to trips outside the country where an Injury or Illness occurred, except as provided for hereunder and as approved by the Company
- (20) Charges for Treatment or supplies for temporomandibular joint syndrome and/or craniomandibular syndrome in excess of the limited benefit provided under this insurance
- (21) Charges and all costs related to trips to the Host Country undertaken for the purpose of securing medical Treatment or supplies
- (22) Charges and all costs related to Emergency Medical Evacuation, Emergency Reunion, or Return of Mortal Remains unless approved and coordinated in advance by IMG
- (23) Charges for Treatment of learning disabilities, attitudinal disorders or disciplinary problems
- (24) Charges incurred for hospice care
- (25) Charges for Treatment of a Chronic Illness incurred beyond sixty (60) days from the date of initial Treatment thereof

Precertification

Each proposed hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, which means the insured person or their attending physician must call the number listed on the IMG Identification Card prior to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. Precertification is not an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the precertification requirements.

For precertification, emergency evacuation and repatriation, please call: IMG in the US: 1-800-628-4664 (toll free) or 1-317-655-4500. Call IMG outside the US: 001-317-655-4500 (collect if necessary). This information will also be provided on your ID card.

Note: An insured person may begin the precertification process at our website, www.imglobal.com. Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to provide the required information, which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of the email, and once we have received the request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 48 business hours. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures or evacuations.

Claim Payment

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

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

Please mail completed claim forms to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 317-655-4505 or e-mail: insurance@imglobal.com.

Conditions of Coverage

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under an Exchange Program Group plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary and usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

Emergency Medical Evacuation, Emergency Reunion and Repatriation Coverage

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

How to enroll

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

Exchange Program Group coverage ends on the *earliest* of the following dates: 1) The end of the period for which premium has been paid; 2) the date requested on the Application Form; or 3) the date the group member returns to his/her country of residence.

Long-Term Annual Plan - please contact your independent agent or International Medical Group for more information.

Enrollment Processing & Fulfillment Kits

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

Eligibility Requirements

The following conditions apply to all persons applying for and/or enrolling in an Exchange Program Group plan.

- The group member must be actively engaged or participating in an educational or cultural exchange program in the country of assignment through a sponsoring organization or school.
- The group member and his/her dependents traveling with the group must have legally departed the Home Country and entered the Host Country and must not be a citizen of the Host Country.
- This insurance is not available to non-US citizens who are residing in New York, California or Florida at the time of application. However, this restriction will not apply when the Effective Date coincides with or is subsequent to the applicant's departure date.

Extension of Coverage

Short-Term Travel Plans - The Basic Short-Term Travel Plan and the Standard Short-Term Travel Plan must be purchased for a minimum initial period of three months and is then renewable (without break in coverage) for a total of up to two years.

Long-Term Annual Plan - please contact your independent agent or International Medical Group for more information.

Exchange Program Group Short-Term Travel Application

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

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

Beneficiaries

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

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

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

Sponsor's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for the Exchange Program Group Travel Medical Insurance (Group Insurance) as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized agent and plan administrator, International Medical Group, Inc. (IMG). The Sponsor and all such members understand and agree: **(i)** the insurance applied for is not general health insurance, but is intended for the members' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, **(ii)** coverage under the Group Insurance plan is not renewable, **(iii)** the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, **(iv)** no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and **(v)** by submission of this application and/or any future claim for benefits, the Sponsor and all group members purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its agent and administrator, and invoke the benefits and protections of Indiana law, and the contract of insurance represented by the Master Policy and evidenced by the Certificate(s) of insurance will be deemed

issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which the Sponsor and all group members hereby expressly consent. Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

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

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

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

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

Signature _____

Date _____ Phone _____

