



Plan Administrator

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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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INTERNATIONAL MEDICAL GROUP

Sky RescueSM

*Emergency medical evacuation
coverage for international travelers*



The uncertainties of travel

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 may not be 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®. This coverage is available to those under the age of 65 traveling outside their home country for a minimum of three months. Sky Rescue provides international scheduled benefits to meet your needs in an emergency. Simply select the option that best meets your needs.

The experienced plan administrator



IMG World Headquarters, Indianapolis, Indiana

Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides around-the-clock 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 ensure that your medical insurance 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.

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. Our customer service is routinely rated among the highest in the industry. You can rest assured that IMG will be there for you, whether it be for routine treatment or during a medical emergency.

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 family.

SCHEDULE OF BENEFITS

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 below. 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.

Emergency Evacuation	To US\$100,000 when coordinated through the Plan Administrator
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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 US\$100,000. 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.

Emergency Reunion	To US\$15,000 when coordinated through the Plan Administrator
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The 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	To US\$20,000 when coordinated through the Plan Administrator
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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\$20,000.

Accidental Death and Dismemberment	Up to US\$100,000
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In the event of the accidental death of an insured, the plan will pay US\$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 below:

Loss	Benefit
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	To US\$5,000
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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	To US\$50 per item; maximum of US\$250 per Period of Coverage
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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.

Returning Minor Children	To US\$5,000 when coordinated through the Plan Administrator
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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 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 and Repatriation	To US\$10,000 when coordinated through the Plan Administrator
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If the United States Department of State issues a travel advisory that becomes effective or is in effect on or after the insured's date of arrival, the plan will pay up to US\$10,000 for transportation to the nearest place of safety or for repatriation to the insured's home country. The insured must contact the plan administrator within 10 days of the travel advisory and the evacuation/repatriation must be approved and coordinated by the plan administrator.

Personal Liability Coverage	As described below
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Injury to a Third Person:	Up to US\$2,000 after a US\$100 special deductible
Damage to a Third Person's Property:	Up to US\$500 after a US\$100 special deductible

Emergency Travel Assistance Services	Please see page 6 for details
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OPTIONAL COVERAGE

Enhanced Accidental Death and Dismemberment	Available for the primary insured only; see page 5 for more details
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RATES

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

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 in US dollars and are effective through 12/31/06. Rates include 2.5% surplus lines tax where applicable.

EMERGENCY TRAVEL ASSISTANCE SERVICES

As part of your Sky Rescue benefits, the following Emergency Travel Assistance Services are available to you:

- ❑ **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 US\$500, in the event of a medical or travel emergency.
- ❑ **Legal Referrals:** 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.

PLAN INFORMATION

QUALITY GUARANTEE

Your satisfaction is very important to IMG. If, for any reason, you are not pleased with this product you may submit a written request for cancellation and refund of your premium. The request must be received by IMG prior to your effective date of coverage.

EXCLUSIONS

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

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. War, military action, terrorism, political insurrection, protest, or any act thereof.
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 whitewater 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.

(Exclusions continued on next page)

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 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.

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 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 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.

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.

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-US 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 Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing a complete outline of the Policy Wording. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

ELIGIBILITY REQUIREMENTS

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.

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 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 obtain the fulfillment information through the Internet.

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

Sky RescueSM

(Circle one) Mr. Mrs. Ms. Male Female
 Last Name _____ First Name _____ Middle _____
 Passport Number, SSN, or Driver's License _____ Issuing Country _____
 Home Country _____ Beneficiary for Applicant _____ Relationship to Applicant _____
 Destination Country _____ *Please indicate beneficiaries for the accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.*

Send Confirmation of Coverage and Fulfillment Kit to: **I will use the Online Fulfillment Kit Option (see page 10 for details)**

Name _____ E-mail _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____

Calculating Your Premium:

Select the coverage plan and plan option:

A) Sky Rescue	B) Optional Enhanced AD&D - <i>this coverage is in addition to the \$100,000 Accidental Death and Dismemberment included in the plan</i>
Single: <input type="checkbox"/> 3 months (\$76) <input type="checkbox"/> 6 months (\$95) <input type="checkbox"/> 12 months (\$168)	Up to \$100,000: <input type="checkbox"/> 3 months (\$38) <input type="checkbox"/> 6 months (\$48) <input type="checkbox"/> 12 months (\$60)
Couple: <input type="checkbox"/> 3 months (\$101) <input type="checkbox"/> 6 months (\$127) <input type="checkbox"/> 12 months (\$224)	Up to \$200,000: <input type="checkbox"/> 3 months (\$76) <input type="checkbox"/> 6 months (\$96) <input type="checkbox"/> 12 months (\$120)
Family: <input type="checkbox"/> 3 months (\$126) <input type="checkbox"/> 6 months (\$157) <input type="checkbox"/> 12 months (\$280)	Up to \$300,000: <input type="checkbox"/> 3 months (\$114) <input type="checkbox"/> 6 months (\$144) <input type="checkbox"/> 12 months (\$180)
	Up to \$400,000: <input type="checkbox"/> 3 months (\$152) <input type="checkbox"/> 6 months (\$192) <input type="checkbox"/> 12 months (\$240)

Names of Persons to be insured:

Date of Birth (month/day/year) **Age**
 REQUIRED

Applicant _____ / / _____
 Spouse _____ / / _____
 Child _____ / / _____
 Child _____ / / _____

Please attach additional sheet for more children

	+	=
Sky Rescue Premium from A) above	Enhanced AD&D Premium from B) above (optional)	Total Premium
_____	_____	_____
Total Premium	US\$20 optional express mail	Total Amount Due
_____	_____	_____

SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Community Trust and Investment Company, Noblesville, 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 this Certificate of Insurance.

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 _____

Date _____ Phone _____

(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: _____ / _____ / _____

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 7. All payments must be made in US dollars and drawn on US banks.

Payment Method Check (To IMG) 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 Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card# _____ Exp. date _____

Name on Card _____

Signature _____

Your Daytime Phone _____

Your Billing Address _____

Selling Producer Use Only
 Producer# 55839 GA# _____
 Name SANDS, RICHARD JAY
 Address 3817 GRAND AVENUE, SUITE B109
 City CHINO Phone: 951-545-6876
 State CA Zip Code 91710