



INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
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www.imglobal.com

As the Plan Administrator for Patriot Group Travel Medical Insurance®, IMG acts as the authorized agent for and on behalf of Sirius International.



SIRIUS
INTERNATIONAL

Plan Underwriter

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

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Patriot Group Travel Medical Insurance®

Medical insurance for groups of five or more traveling abroad



INTERNATIONAL MEDICAL GROUP

Why Consider Travel Insurance?



Traveling abroad can be an exciting experience. But what would happen if a member of your group became ill or injured while away from home? How would you deal with the language and currency barriers? Who would you call? Imagine trying to

call your insurance company at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

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 group - at risk.

Your group has enough to worry about when they travel. Don't let their medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Group Travel Medical Insurance® plans to provide you and your group 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® Group

Patriot International Group provides coverage for a group of **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® Group

Patriot America Group provides coverage for a group of **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 group 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.

MyIMGSM

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 AccessSM (IPA), a database of over 8,600 facilities outside the United States!

Locating a Provider

With the Patriot Group 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 on-line 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 on-line. These terms must be agreed to prior to using the service.) You may access these services by visiting the IMGGLOBAL® website, www.imglobal.com.

Akeso Care Management®

ACM® 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 |

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 11-14 for a list of benefit descriptions.

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PATRIOT INTERNATIONAL RATES

ONE MONTH RATES (five Policy Maximum options)

| Age | Option 5 | Option 6 | Option 7 | Option 8 | Option 9 |
|-------------|-----------|-----------|-----------|-------------|-------------|
| | \$50,000 | \$100,000 | \$500,000 | \$1,000,000 | \$2,000,000 |
| | One Month | One Month | One Month | One Month | One Month |
| 18-29 | \$29 | \$33 | \$39 | \$43 | \$49 |
| 30-39 | \$33 | \$39 | \$51 | \$57 | \$65 |
| 40-49 | \$53 | \$59 | \$66 | \$73 | \$89 |
| 50-59 | \$86 | \$98 | \$110 | \$122 | \$138 |
| 60-64 | \$98 | \$116 | \$138 | \$162 | \$181 |
| 65-69 | \$116 | \$124 | \$158 | \$170 | \$219 |
| 70-79 | \$170 | N/A | N/A | N/A | N/A |
| 80+* | \$340 | N/A | N/A | N/A | N/A |
| Dep. Child | \$16 | \$21 | \$24 | \$25 | \$31 |
| Child Alone | \$29 | \$32 | \$37 | \$41 | \$47 |

*US\$10,000 Maximum

PATRIOT AMERICA RATES

ONE MONTH RATES (four Policy Maximum options)

| Age | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------|-----------|-----------|-----------|-------------|
| | \$50,000 | \$100,000 | \$500,000 | \$1,000,000 |
| | One Month | One Month | One Month | One Month |
| 18-29 | \$39 | \$45 | \$58 | \$68 |
| 30-39 | \$50 | \$60 | \$76 | \$87 |
| 40-49 | \$76 | \$86 | \$113 | \$128 |
| 50-59 | \$108 | \$132 | \$160 | \$185 |
| 60-64 | \$128 | \$157 | \$186 | \$223 |
| 65-69 | \$146 | \$187 | \$203 | \$243 |
| 70-79 | \$197 | N/A | N/A | N/A |
| 80+* | \$343 | N/A | N/A | N/A |
| Dep. Child | \$23 | \$25 | \$32 | \$35 |
| Child Alone | \$35 | \$41 | \$53 | \$59 |

*US\$10,000 Maximum

DAILY RATES (10 day minimum)

| Age | Option 5 | Option 6 | Option 7 | Option 8 | Option 9 |
|-------------|----------|-----------|-----------|-------------|-------------|
| | \$50,000 | \$100,000 | \$500,000 | \$1,000,000 | \$2,000,000 |
| | Daily | Daily | Daily | Daily | Daily |
| 18-29 | \$1.00 | \$1.10 | \$1.30 | \$1.45 | \$1.65 |
| 30-39 | \$1.10 | \$1.30 | \$1.75 | \$1.90 | \$2.20 |
| 40-49 | \$1.80 | \$2.00 | \$2.20 | \$2.45 | \$3.00 |
| 50-59 | \$2.85 | \$3.25 | \$3.70 | \$4.10 | \$4.60 |
| 60-64 | \$3.25 | \$3.90 | \$4.60 | \$5.40 | \$6.05 |
| 65-69 | \$3.90 | \$4.15 | \$4.80 | \$5.70 | \$7.30 |
| 70-79 | \$5.70 | N/A | N/A | N/A | N/A |
| 80+* | \$11.34 | N/A | N/A | N/A | N/A |
| Dep. Child | \$.54 | \$.70 | \$.85 | \$.90 | \$1.05 |
| Child Alone | \$1.00 | \$1.10 | \$1.25 | \$1.35 | \$1.60 |

*US\$10,000 Maximum

DAILY RATES (10 day minimum)

| Age | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------|----------|-----------|-----------|-------------|
| | \$50,000 | \$100,000 | \$500,000 | \$1,000,000 |
| | Daily | Daily | Daily | Daily |
| 18-29 | \$1.30 | \$1.55 | \$1.95 | \$2.25 |
| 30-39 | \$1.65 | \$2.00 | \$2.55 | \$2.90 |
| 40-49 | \$2.55 | \$2.85 | \$3.80 | \$4.30 |
| 50-59 | \$3.60 | \$4.45 | \$5.40 | \$6.15 |
| 60-64 | \$4.30 | \$5.25 | \$6.25 | \$7.50 |
| 65-69 | \$4.90 | \$6.30 | \$6.80 | \$8.10 |
| 70-79 | \$6.60 | N/A | N/A | N/A |
| 80+* | \$11.45 | N/A | N/A | N/A |
| Dep. Child | \$.75 | \$.90 | \$1.10 | \$1.20 |
| Child Alone | \$1.20 | \$1.40 | \$1.80 | \$2.00 |

*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

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 the group as a dependent of a group member, 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 20 & 21, and optional riders can be found on page 7.

EXTREME SPORTS RIDER

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

Non-U.S. Citizen

US\$45

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 the group as a dependent of a group member, 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 20 & 21, and optional riders can be found on page 7.

OPTIONAL RIDERS

With the exception of the Extreme Sports Rider, optional riders apply to all group members listed on the Application Form.

| | |
|--|--|
| Leisure Sports Rider | Up to Policy Maximum |
| Extreme Sports Rider | Up to US\$50,000 lifetime maximum |
| Chaperone/Faculty Leader Replacement Rider | Up to US\$3,000 for round trip economy airline ticket |
| Patriot Return Rider | Available to non-U.S. citizens who have purchased a Patriot America Group plan |

*This is a summary of optional rider benefits only.
Please see page 14 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 Group 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 Group travel plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

QUALITY GUARANTEE

The group's satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, the sponsoring organization or group is 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 the group does not have any claims filed with IMG, you may cancel the plan after the effective date, however, the following conditions will apply: 1) the group will be required to pay a US\$25 cancellation fee and 2) only full month premiums will be considered for refunds (e.g., if the group chooses to cancel coverage two months and two weeks prior to the date coverage ends, IMG will only consider the two full months for a refund). If anyone in the group has filed a claim, the 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 Certificate.
2. Coverage under a Patriot 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.

ELIGIBILITY REQUIREMENTS

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

- Patriot Group 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 Group or Patriot International Group 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 increments. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period.



ENROLLMENT PROCESS & APPLICATION FORM

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

HOW TO ENROLL

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;
- 2) the date the group member departs from his/her home country; or
- 3) the date requested on the Application Form.

Patriot Group 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 the Application Form; or
- 3) the date the group member returns to his/her home country (however, see Home Country Coverage on page 12 for incidental coverage).

ENROLLMENT PROCESSING & FULFILLMENT KITS

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 kit will include an IMG Identification Card for each group member, IMG contact numbers, Claim Forms and your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If express mail delivery is required, 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 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.

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 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 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 Group 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.

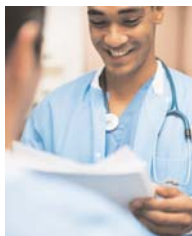
1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be made either to the Insured Person or directly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

EMERGENCY EVACUATION:

Each Patriot Group 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 Group plan also 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 Group 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 of group.



SPORTS AND ACTIVITIES COVERAGE:

Each Patriot Group 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 Group 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 Group 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 Group plan will pay to

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 15.

..... DESCRIPTION OF OPTIONAL RIDERS

LEISURE SPORTS

The Leisure Sports Rider is available on **both** Patriot Group 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 Group 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, parasailing, 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.

CHAPERONE/FACULTY LEADER REPLACEMENT RIDER

In the event that an insured person who is designated as a Chaperone/Faculty Leader by the sponsoring organization has an unexpected death of a relative, a medical emergency, or the substantial destruction of the principal residence in his/her home country, which causes the insured person to have to cancel or interrupt travel, Patriot Group covers reimbursement up to US\$3,000 for the expense of a round trip economy airline ticket for a replacement Chaperone/Faculty Leader. For premium information, please see the Application Form.

PATRIOT RETURN RIDER

The Patriot Return Rider is only available to non-U.S. citizens who have purchased Patriot America. 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 Group 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 Group 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 ProgramSM

Long-term Travel Plans:

Global Medical Insurance®

Employer Plans:

GEOSM Group
Global Educators Medical (GEMSM)

Mission Plans:

Global Mission Medical InsuranceSM
Global Mission Basic®
Outreach Travel Medical InsuranceSM
MP+InternationalSM

Marine Plans:

Global Crew Medical Insurance®
International Marine Medical InsuranceSM

Specialty Plans:

Patriot Extreme®, Sky RescueSM

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

Patriot T.R.I.P. "Lite"SM, Patriot T.R.I.P.SM
Patriot StudentSM T.R.I.P., Patriot T.R.I.P. EliteSM

PROTECTING YOUR TRAVEL INVESTMENT



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

PATRIOT T.R.I.P. "LITE"SM

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 Sections 1 and 6 of the Application Form - Sample information

In Section 1 of the application, you will be asked to complete information for each person to be covered by the plan, and you must enter the monthly and/or daily premium for each person. In Section 6, you will be asked to calculate the total premium. On this and the following page is a sample calculation to assist you. In this example, a group of five (U.S. citizens) is traveling from January 20 through July 12 (i.e., 5 full months, plus 23 days). Based on this information, they would use the Patriot International group plan. They choose a \$500,000 plan maximum (Option 7). This group's premium rates would be as follows, based on the monthly and daily rates set forth on page 5:

| 1. Name | Date of Birth | Monthly Rate | Daily Rate |
|----------------|------------------|--------------|----------------|
| John Traveler | 4/2/62 (age 44) | \$66 | \$2.20 |
| Jane Traveler | 6/8/78 (age 28) | \$39 | \$1.30 |
| Susan Traveler | 2/16/52 (age 54) | \$110 | \$3.70 |
| Jim Traveler | 7/21/68 (age 38) | \$51 | \$1.75 |
| Bill Traveler | 9/27/45 (age 61) | \$138 | \$4.60 |
| | | \$404 | \$13.55 |

SUBTOTALS:

$$\begin{array}{r} \text{Subtotal A} \\ \text{Subtotal B} \\ \text{Total A} \\ \text{Total B} \end{array} \begin{array}{l} \times \\ \times \\ = \\ = \end{array} \begin{array}{l} 5 \\ 23 \\ = \\ = \end{array} \begin{array}{l} \text{\# of months} \\ \text{\# of days} \\ \text{Total A} \\ \text{Total B} \end{array} \begin{array}{l} = \\ = \\ = \\ = \end{array} \begin{array}{l} \$2,020.00 \\ \$13.55 \\ \$2,020.00 \\ \$311.65 \end{array}$$

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 5 (January 20 through February 20 is one month, February 20 through March 20 is another month, etc.). The number of days remaining is 23 (June 21 through July 12).

Once you have entered the applicable premium amounts for each person in the group, you will be asked to calculate the total premium. You will first multiply the monthly rate by the number of months, and the daily rate by the number of days (see #2 left). Then you will use these numbers to complete the calculation.

$$\begin{array}{r} \text{5. Home Country Coverage Calculation} \\ \text{Monthly Rate} \times \text{\# of Months} = \text{Total HCC Premium} \\ \$404 \times 5 = \$2,020.00 \\ \text{(see page 12 for details)} \end{array}$$

Sample calculation (continued from previous page)

You will note that in addition to selecting the \$500,000 plan maximum for each insured person (Option 7), in this example the group also selected a \$100 deductible (deductible rate factor 1.10), the Leisure Sports Rider, the Patriot T.R.I.P. "Lite" coverage, and the Chaperone Rider.

In the first column, \$2,020.00 has been entered for the total monthly premium and \$311.65 has been entered for the total daily premium. Also, one month of Home Country Coverage was added (see Section 5 previous page). Because the group chose a \$100 deductible in Section 4 on the application, their rate factor is 1.10.

The group chose the Leisure Sports Rider so they have entered the applicable add-on rider factor as indicated. They also completed the calculation for the Chaperone Rider and the Patriot T.R.I.P. "Lite" coverage.

To arrive at the total amount, the base premium (D) has been multiplied by the total rider factor plus 1.00 (E). Finally, the group chose the Patriot T.R.I.P. "Lite" coverage, so they have added \$361.60 to arrive at the Total Amount.

| | | | | | |
|--|-------------------|------------|--|--|---|
| 6. (A) Monthly premium total (from Total (A) in Section 2) | <u>2,020.00</u> | | | | Extreme Sports Rider - To purchase this option, please complete the following calculation: Number of travelers who require this rider X Number of months from page 5 X Rate = (F) |
| (B) Daily premium total (from Total (B) in Section 2) | + <u>311.65</u> | | | | |
| (C) HCC premium total (from Total (C) in Section 5) | + <u>404.00</u> | | | | Enter (F) in the space below |
| Deductible rate factor (see Section 4) | = <u>2,735.65</u> | | | | Patriot T.R.I.P. "Lite" - To purchase this option, please complete the following calculation: Total cost of tip for all travelers ÷ 100 = <u>80</u> X 4.52 = <u>361.60</u> (G) |
| (D) Base premium - enter in the space below | X <u>1.10</u> | | | | Enter (G) in the space below |
| | = <u>3,009.22</u> | | | | Enter the amount (D) <u>3,009.22</u> |
| Leisure Sports Rider enter .20 if applicable | | <u>.20</u> | | | Enter the amount (E) to the right of the 1. X <u>1.30</u> |
| Patriot Return Rider enter .05 if applicable | + <u>---</u> | | | | = <u>3,911.99</u> |
| Chaperone Rider enter .10 if applicable | + <u>.10</u> | | | | + <u>---</u> |
| (E) Total Rider factor go to space below and place this factor to the right of the 1. | = <u>.30</u> | | | | + <u>361.60</u> |
| | | | | | + <u>20.00</u> |
| | | | | | TOTAL AMOUNT DUE <u>\$4,293.59</u> |

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 1.317.655.4505

Sponsoring Organization _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Contact Name _____

Requested Effective Date _____

Date of Departure _____

Requested Expiration Date _____

Purpose of Trip _____

Destinations _____

We will use the Online Fulfillment Kit Option (see page 9 for details- an email address is required)

Email: _____

Beneficiaries

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

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

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 iTravellnsured.

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 Community Trust & Investment Co., Noblesville, IN, for Patriot 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 as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) 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, (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, 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 administra-

tor, and invoke the benefits and protections of its laws, 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. We consent and agree that 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 expressly 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 as a traveler for whom domestic U.S. health care coverage is unavailable 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. Payment. 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.

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

Membership Each group member hereby applies for membership to NSBTHA.

Certification Each group member hereby certifies that he/she has read, or has had read to him/her, all statements on this application, and represents that the responses are true, complete and correctly recorded; and that all listed on this application are medically able to travel on the date this program is purchased. Each one understands and agrees 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. Each group member understands that if payment is returned unplayable for any reason, coverage becomes null and void.

Signature _____

Date _____ Phone _____

Please complete and return the front and back sides of this application.

| 1. Group Member's Name | Date of Birth | Passport Number/SSN /Driver's License | Group Member's requested Effective date, EXpiration date and/or DEparture date, if different than dates on the reverse side | Monthly Rate* | Daily Rate* |
|-----------------------------|---------------|---------------------------------------|---|---------------|-------------|
| Nationality | | | | | |
| <input type="checkbox"/> 1 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 2 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 3 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 4 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 5 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 6 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 7 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 8 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 9 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 10 | | | EF: EX: DE: | | |
| <input type="checkbox"/> 11 | | | EF: EX: DE: | | |

▲ Please check the box in front of the applicant's name for those who would like to purchase the optional Extreme Sports Rider (see page 5 for details). (attach additional sheets if necessary) *use applicable monthly/daily rates (see pages 5 or 6)

6. (A) Monthly premium total (from Total (A) in Section 2) _____

(B) Daily premium total (from Total (B) in Section 2) + _____

(C) HCC premium total (from Total (C) in Section 5) + _____

= _____

Deductible rate factor (see Section 4) X _____

(D) Base premium - enter in the space below _____

Leisure Sports Rider enter .20 if applicable _____

Patriot Return Rider enter .05 if applicable + _____

Chaperone Rider enter .10 if applicable + _____

(E) Total Rider factor go to space below and place = this factor to the right of the 1. _____

Extreme Sports Rider - To purchase this option, please complete the following calculation:

_____ X _____ X _____ = (F)

Number of travelers who require this rider Number of months Rate from page 5/6

Enter (F) in the space below

Patriot T.R.I.P. "Lite" - To join NSBTHA and to purchase this option, please complete the following calculation:

_____ ÷ 100 = _____ X 4.52 = _____ (G)

Total cost of trip for all travelers

Enter (G) in the space below

2. _____ X _____ = _____ SUBTOTALS: A B

Subtotal A (from Subtotal A to the right) # of months Total A

_____ X _____ = _____ (continue to box below)

Subtotal B (from Subtotal B to the right) # of days Total B

(D) Enter the amount from D _____

(E) Enter the amount from E to the right of the 1. X 1. _____

= _____

(F) Enter the amount from F + _____

(G) Enter the amount from G + _____

US\$20 optional express mail + _____

TOTAL AMOUNT DUE = _____

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
Current Carrier _____
(see page 8 for details)

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__

4. CIRCLE ONE

| Deductible | Rate Factor |
|------------|-------------|
| US\$0 | 1.25 |
| US\$100 | 1.10 |
| US\$250 | 1.00 |
| US\$500 | .90 |
| US\$1000 | .80 |
| US\$2500 | .70 |

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 6

To Pay in Monthly Installments (please first calculate your total premium in Section 6 of the Application)

_____ ÷ _____ = _____

Total Premium Number of months

+ \$10.00 Billing fee = \$ _____ (Minimum initial payment required)
Periodic payment

5. Home Country Coverage (HCC) (see page 12 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 | # of Months HCC Coverage | Total HCC Premium |
|--------------|--------------------------|-------------------|
| _____ | X _____ | = _____ |
| | | Total (C) |

IMG Producer Use Only

Producer# 57157
GA# _____
Name International Services, Inc.
Address 5529 Barnsley Terrace
Glen Allen
City, State, Zip VA 23059
Phone: 877.593.5403

0107