

## Exclusions .....

1. Any Injury or Illness which is not incurred by an Insured Person during the Period of Coverage.
2. Charges for treatment which is not incurred by an Insured Person during the Period of Coverage or the Benefit Period.
3. Charges for Injury or Illness Incurred during the Period of Coverage which are not presented to the Company for payment within 3 months from the date the services are rendered.
4. Charges for treatment which is not administered or ordered by a Physician.
5. Charges for treatment which is not Medically Necessary.
6. Treatment provided at no cost to the Insured Person.
7. Charges for treatment which exceeds Usual, Reasonable, and Customary.
8. Charges incurred for Surgeries or treatments which are Investigational, Experimental, or for Research purposes.
9. Charges for treatment which is incurred by Insured Persons who were HIV Positive at the time of enrollment in this Insurance.
10. Routine Dental Treatment and the provision of false teeth or dentures; normal eye tests and the provision of visual aids; normal ear tests and the provision of hearing aids.
11. Elective cosmetic Surgery and associated treatment.
12. Any Surgery or treatment in respect of an Injury or Illness diagnosed at the time of inception of coverage.
13. Pregnancy and childbirth costs.
14. Injury sustained while taking part in mountaineering where ropes or guides are normally used, Amateur or professional athletics, aviation (except when traveling solely as a passenger in a commercial aircraft) hang gliding and parachuting, snow boarding, snow skiing, racing by horse, motor or motorcycle, spelunking, and subaqua pursuits involving underwater breathing apparatus.
15. Injury sustained while under the influence of or disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse or drug addiction.
16. Willfully self-inflicted Injury or Illness.
17. Venereal disease.
18. All costs arising from Medical Expenses incurred when the Insured Person was traveling against the advice of a Physician or medical professional.
19. Testing for the following: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS.
20. AIDS virus, AIDS related Illness, ARC Syndrome, AIDS, and/or any Illness arising as complications from these conditions.
21. Illness or Injury where the trip to the Host Country is undertaken for the purpose of securing medical treatment or advice for such Illness or Injury.
22. Immunizations and routine physical examinations and associated laboratory tests and diagnostic procedures.
23. Treatment in The United States of America.
24. Treatment for Mental or Nervous disorders.
25. Treatment by a chiropractor, unless ordered by a Physician.
26. Charges resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
27. Treatment for Substance Abuse or drug addiction.
28. Telephone consultations or failure to keep a scheduled appointment.
29. Treatment while confined primarily to receive Custodial Care, Educational or Rehabilitative Care, or Nursing Services.
30. Any drug, treatment or procedure that either promotes or prevents conception, or prevents child birth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
31. Treatment of the Temporomandibular joint.
32. Vocational, Recreational or Music Therapy.
33. Organ or Tissue transplants or related services.
34. Any services or supplies performed or provided by a Relative of the Insured Person.
35. For Speech Therapy.
36. Charges resulting from Emergency Evacuations or Repatriations of bodily remains that were not coordinated by the Company or its designee.
37. Charges for Emergency Reunion expenses that were not coordinated by the Company or its designee.
38. Treatment required as a result of complications from a treatment or condition not covered hereunder.
39. Treatment incurred as a result of exposure to nuclear radiation, and/or radioactive material(s).
40. Treatment incurred as a result of a Pre-existing Condition in excess of US \$5,000.00.
41. War; political insurrection, protest; or any act thereof.

**I M G**  
 INTERNATIONAL MEDICAL GROUP<sup>SM</sup>

# Patriot Executive<sup>SM</sup>

## Annual Evacuation, Medical and Accident Insurance for Traveling Executives

## Take the Uncertainty Out of International Travel .....

If you are an Executive that travels outside of the United States frequently throughout the year, don't risk finding yourself ill or injured in a foreign country without adequate resources to assist with securing medical care and covering the associated costs.

Many Executives travel outside of the United States frequently. Until now, obtaining medical insurance that covered the Executive for frequent trips throughout the year has been difficult. Minimum trip durations, lengthy applications, unsuitable coverage and restrictive policy benefits make the purchase of travel medical insurance a hassle for the frequent traveler at best.

IMG has designed Patriot Executive<sup>SM</sup> to take the hassle out of purchasing travel medical insurance. Patriot Executive<sup>SM</sup> provides coverage for up to US\$ 1,000,000 in medical expenses, including US \$5,000 for treatment of Pre-existing Conditions, as well as a package of other international insurance benefits.

## It's as Easy as This.....

### Eligibility

If you are a U.S. citizen, employed by a company with a location in the United States, are covered by an individual or group medical plan while in the United States and travel outside of the United States frequently throughout the year, you and your Spouse and Children are eligible for coverage under Patriot Executive<sup>SM</sup>, while traveling outside of the United States. All you have to do is complete the attached enrollment form and pay the required premium.

## Here's What Is Covered .....

### Medical

All benefits, except Accidental Death and Dismemberment are subject to the Deductible and Policy Limits.

1. The usual, reasonable and customary fees of a physician, surgeon, radiologist, and any other specialist to whom the physician has referred the case.
2. The cost of drugs as prescribed by such physician or specialist mentioned in 1.above.
3. The cost of dressings or appliances prescribed by such physician or specialist as mentioned in 1.above.
4. Maintenance and attendance in a hospital reimbursable according to the Policy Limits.
5. Extended care in a licensed extended care facility upon direct transfer from an acute care hospital for the purpose of continued recovery requiring skilled nursing care.
6. Outpatient skilled nursing care by a qualified licensed professional.
7. The cost of emergency ambulance transport necessarily incurred in connection with injury or illness resulting in hospitalization within the country where the event occurs;reimbursable as outlined in the Policy Limits.
8. The cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident.
- 9.The cost of oxygen and other gases and their administration.
- 10.The cost of anesthetics and their administration.

### Emergency Evacuation and Repatriation

Emergency Evacuations must be recommended by a physician who certifies that injury or illness necessitates such evacuation and must be agreed to by you or your representative. IMG must approve & coordinate all Emergency Evacuations and Repatriations. Any charges resulting from evacuations and repatriations not coordinated by IMG shall be excluded.

Patriot Executive Insurance<sup>SM</sup> will pay expenses arising out of reasonable travel and accommodations in respect of evacuation to your country of citizenship or the nearest qualified medical facility. Patriot Executive Insurance<sup>SM</sup> covers:

1. Expenses for Emergency Evacuation incurred up to the Policy Limits.
2. Expenses for Repatriation of bodily remains or ashes to the U.S.A. up to a maximum of U.S. \$20,000 for a covered injury or illness beginning during the period of coverage that results in death.

### Emergency Reunion

In the instance of a physician recommended evacuation due to a covered injury or illness, where the physician feels that it would be beneficial to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses incurred by that relative up to U.S. \$15,000 provided that all travel arrangements are coordinated and approved by IMG.The following benefits will be payable:

1. The cost of an economy air ticket for one relative from the U.S.A. to the airport serving the area where you are hospitalized and the return trip.
2. Reasonable travel and accommodation expenses incurred in relation to the emergency reunion.
3. The period of emergency reunion is not to exceed ten days, including travel.

### Accidental Death and Dismemberment

Patriot Executive Insurance<sup>SM</sup> includes a U.S. \$25,000 principal sum for Accidental Death and Dismemberment. If Accidental Death or Dismemberment occurs during the period of coverage, Patriot Executive Insurance<sup>SM</sup> will pay as follows:

- Accidental Loss of life:principal sum.
- Accidental Loss of Life which occurred during a Hi-jacking, Kidnapping or attempted Kidnapping: 2X principal sum.
- Accidental Loss of two Members:principal sum.
- Accidental Loss of one Member: 50% of principal sum.

"Member" means hand, foot or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one illness or injury. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint.The loss of an eye means the entire and irrecoverable loss of sight.

### Benefit Period

The Benefit Period is the period of time specified in the Policy Limits. It begins once an eligible incident occurs to the insured. While coverage is in effect under this policy, the Benefit Period does not apply. When coverage under this policy terminates, as defined, Patriot Executive Insurance<sup>SM</sup> will pay eligible expenses for covered Injuries or Illnesses which commenced during the period of coverage for up to, but not exceeding the Benefit Period, subject to the Policy Limits.

### Precertification

All proposed hospital admissions and surgeries, whether inpatient or outpatient, will be subject to Precertification. You or your attending physician must call the number listed on your Confirmation of Coverage prior to admission to a hospital or performance of a surgery. In the event of an Emergency Admission, the Precertification call must be made within 48 hours after the admission, or as soon as reasonably possible. In the event an admission or surgery is not pre-certified, eligible expenses will be reduced by 50%.

This brochure is only a summary of coverage provided. Other conditions and exclusions may apply. Please consult the policy itself for a full description of the coverage. In support of Patriot Executive Insurance<sup>SM</sup>, IMG has established the Group Health, Accident and Travel Insurance Trust, in Washington D.C. The trust owns a master group international travelers insurance policy. Individual certificates of insurance are issued from the master policy. Rates include 2% surplus lines tax.

Coverage under Patriot Executive<sup>SM</sup> is NOT RENEWABLE.  
You may re-apply for coverage.

## Policy Limits.....

- **Deductible** - U.S. \$250.00 per Insured Person per each and every Claim. The Deductible shall be waived for Claims incurred as a result of a covered Accident.
- **Maximum Policy Limit** - U.S. \$1,000,000 per Insured Person per Policy Period
- **Pre-Existing Condition Benefit** - U.S. \$5,000 maximum per Insured Person per Policy Period
- **Emergency Medical Evacuation Expenses** - U.S. \$25,000 per Insured Person for Evacuations resulting from a Pre-existing Condition. US\$50,000 per Insured Person for Evacuations resulting from other covered Incidents.
- **Repatriation Expenses** - U.S. \$20,000 when coordinated and approved through IMG
- **Emergency Reunion Expenses** - U.S. \$15,000 when coordinated and approved through IMG
- **Local Ambulance Expense** - U.S. \$2,500
- **Accidental Death and Dismemberment** - U.S. \$25,000 principal sum
- **Hospital Room and Board** - Average semi-private room rate up to the Policy Maximum
- **Intensive Care** - 3x the average semi-private room rate up to the Policy Maximum
- **Medical Expenses** - Usual, reasonable and customary up to the Policy Maximum
- **Outpatient Medical Expenses** - Usual, reasonable and customary up to the Policy Maximum
- **Benefit Period** - Six months
- **Period of Coverage** - The period of time beginning on the date the Insured Person departs the home country and ending on the date the Insured Person arrives back in the home country. The Period of Coverage can be no longer than the option specified on the Insured's Enrollment Form and in any event no longer than thirty days.
- **Maximum Duration of Any One Trip:** Your choice, 15 days or 30 days. Trips for covered dependents will be limited to 15 days for any one trip.

## Refund of Premium.....

IMG will refund premium only if a written request is received prior to the policy's effective date. The premium is non-refundable after that date.

## For Precertification, Emergency Evacuation and Repatriation.....

Call IMG in the US at: 1-800-628-4664 (toll free)  
1-317-655-4500

Call IMG outside the US: 1-317-655-4500  
(collect if necessary)

IMG must be notified prior to treatment or within 48 hours of an emergency.

## To Report Claims.....

Please mail to IMG  
International Medical Group, Inc.  
407 N.Fulton Street  
Indianapolis, IN 46202 U.S.A.

Please include Identification Number in all correspondence.

IMG may also be contacted by: Fax:317-655-4505  
E-mail:insurance@imglobal.com  
www.imglobal.com

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## To Enroll in Patriot Executive Medical Insurance.....

1. Complete entire Enrollment Form.
2. Please make check or money order payable to IMG.
3. Mail to: **IMG**  
**407 N.Fulton Street**  
**Indianapolis, Indiana**  
**46202 U.S.A.**

### Please Print

Insured's Name Mr./Mrs./Ms

Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Send Confirmation of Coverage to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Requested effective date of Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport# \_\_\_\_\_

Insured's Beneficiary \_\_\_\_\_

Insured's U.S. Insurance Carrier & Policy Number \_\_\_\_\_

\_\_\_\_\_

Individual to notify in case of emergency \_\_\_\_\_

Tel.# \_\_\_\_\_

Beneficiary's Relationship to Insured \_\_\_\_\_

Insured will be the beneficiary for spouse and dependent children.

Check or money order should be made payable to IMG. All Premium Payments must be made in U.S. dollars and drawn on a U.S. bank at the time application for coverage is made. If paying by credit card I authorize IMG to bill my AMEX/Visa/MasterCard account for the total charge as specified. Coverage purchased by credit card is subject to validation and acceptance by credit card company.

I understand this policy is not a general health insurance policy. It is intended for the use of the Insured and the Insured's dependents in the event of a sudden and unexpected illness or injury arising when the Insured is eligible for coverage under this insurance. The undersigned hereby subscribes to the Group Health, Accident and Travel Insurance Trust, in Washington D.C. and enrolls in Patriot Executive Insurance<sup>SM</sup> under contract by Sirius International Insurance Corporation (publ). If signed as agent of the Insured, the undersigned warrants his authority and capacity to so act. By acceptance of coverage, the Insured ratifies the authority of the signatory to bind Insured. Further, Insured agrees to limitation of coverage for pre-existing conditions as defined herein.

I hereby declare that all persons named in this application are in good health and will not travel unless they are in good health and fit to undertake each insured trip nor will they travel against medical advice or for the purpose of obtaining medical treatment or where they are aware of reasons that could result in a loss during an insured trip.

I further declare that all persons named herein are residents of the United States. I agree that this application shall be the basis for this insurance.

I am in good health and I have not been diagnosed with and do not suffer from any Medical Condition for which I foresee that I may require treatment in the future or for which I intend to claim under this policy. Further, I agree that I am not currently traveling outside of the United States to seek medical treatment or against the advice of a physician. I understand that there is no coverage if I have undertaken a trip outside of the United States against the advice of a physician.

The undersigned authorizes any licensed 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 the care, advice, treatment, diagnosis or prognosis of any physical or mental condition, or the financial and employment status, of the Insured to provide this information to International Medical Group, Inc.

I understand that coverage under Patriot Executive<sup>SM</sup> is NOT RENEWABLE, and that I must pay premium for the entire coverage period in advance. Any successive enrollments in Patriot Executive<sup>SM</sup> are not renewals.

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Choosing Your Plan and Premium.....

### PATRIOT EXECUTIVE<sup>SM</sup>

(Circle One)		
Maximum Trip Duration	15 Days	30 Days
Annual Premium	U.S. \$200.00	U.S. \$250.00
* Spouse & 2 Dependents – \$100.00		
* Each Add'l Dependent – \$40.00		

Names of individuals to be covered under this policy:

Insured (first name)	Date of Birth	Annual
Insured _____	____/____/____	\$ _____
Spouse _____	____/____/____	\$ _____
Child _____	____/____/____	\$ _____
Child _____	____/____/____	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

Method of Payment:

Check (to IMG)  Money Order (to IMG)  Master Card

Visa  AMEX

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

SELLING AGENT USE ONLY	
Agency # _____	_____
Name _____	_____
Address _____	_____
City _____	State _____ Zip _____
Telephone _____	Fax _____
Date Rec'd _____	_____

## Plan Administrator.....



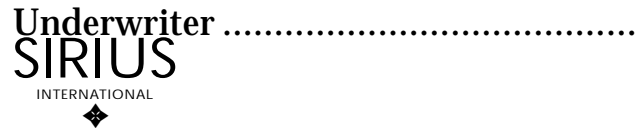
INTERNATIONAL MEDICAL GROUP<sup>SM</sup>

Choose a medical protection plan that provides dedicated professional staff and 24-hour availability

International Medical Group, Inc., headquartered in Indianapolis, Indiana, is an organization that understands the medical insurance demands of international citizens. Focused exclusively on the international insurance market, IMG has delivered specialized medical programs to hundreds of thousands of individuals around the world. Today, IMG provides medical security to individuals and families in more than 100 countries.

IMG presents a unique, full-service approach to the international community. We provide a complete staff of thoroughly trained international claims administrators, product specialists and medical professionals whose goal is to provide quick answers to your questions and support during a hospital stay. Our customer service is routinely rated among the highest within the insurance industry. We are available 24 hours a day, 7 days a week for emergencies, medical evacuations and pre-certification.

Worldwide coverage, multi-lingual capabilities, international claims specialists and access to IMG from anywhere at anytime - all designed to give you the confidence you deserve when choosing an international insurance provider.



### Longevity, Strength, Stability

When deciding which company will provide your international travel insurance, there are many important factors to consider. In addition to a comprehensive benefit schedule and experienced administration there must be the commitment and financial stability of an international underwriting partner.

You will feel secure with our insurance company partner, Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and A+ for claims-paying ability by Standard and Poor's. Sirius International is a wholly owned subsidiary of ABB Financial Services within the ABB Asea Brown Boveri Group. From their roots in 1883, ABB is now a global US\$35 billion engineering group with more than 213,000 employees worldwide and 1997 net income of over US\$500 million.

Sirius International offers the financial strength and reputation demanded by experienced multinational organizations. Sirius International is recognized by A.M. Best and Standard and Poor's for its reinsurance expertise and international presence. Sirius International is further noted for its superior capitalization (4.6 times the required level), outstanding solvency ratio (284.2%), excellent operating performance and strong earnings profile.

Growing year by year, expanding globally, building upon a solid reputation, remaining stable but never standing still—these characteristics make IMG and Sirius International the partners to choose for your global peace of mind.

## Other International Insurance

### Individual Products

- Global Medical Insurance<sup>SM</sup>
- Patriot Travel Medical Insurance<sup>SM</sup>

### Group Products

- Indy+Plus International<sup>SM</sup>
- Patriot Group Travel Medical Insurance<sup>SM</sup>

### Supplemental Insurance Products

- Term Life Insurance
- Daily Indemnity Insurance

**Call your agent for details.**