



INTERNATIONAL MEDICAL GROUP

**Plan Administrator**

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As the Plan Administrator for Outreach Travel Medical Insurance<sup>SM</sup>, IMG acts as the authorized agent for and on behalf of Sirius International.



**SIRIUS**  
INTERNATIONAL

**Plan Underwriter**

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INTERNATIONAL MEDICAL GROUP

**Outreach Travel  
Medical Insurance<sup>SM</sup>**

*Medical insurance for missionaries*



**OUTREACH INTERNATIONAL<sup>SM</sup>**

*Short-term medical insurance for  
U.S. missionaries traveling abroad*

**OUTREACH AMERICA<sup>SM</sup>**

*Short-term medical insurance for  
non-U.S. missionaries traveling abroad*

**OUTREACH PLUS<sup>SM</sup>**

*Intermediate-term medical insurance  
for all missionaries*

## The uncertainties of travel



Traveling abroad can be an exciting experience. But what would happen if you or one of your family members became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical emergency.

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans may offer adequate domestic coverage, they may not be designed for international travel. Without even realizing it, you may be putting your health - and that of your family - at risk.

What if you are injured or become ill during your trip? Could you get quality treatment at an unfamiliar hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby? Who do 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?

You have enough things to worry about when you're traveling. Don't let your medical coverage be one of them. International Medical Group® (IMG®) has developed three Outreach Travel Medical Insurance<sup>SM</sup> plans to provide you and your family Coverage Without Boundaries®. Each plan offers a complete package of international benefits and 24 hour availability. Simply select the one that best fits your needs.

## The experienced plan administrator



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 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 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

### MEDICAL BENEFITS -

usual, reasonable and customary charges, subject to deductible and coinsurance

Hospital Room and Board	To Policy Maximum for average semi-private room rate
Intensive Care	To Policy Maximum
Medical Expenses	To Policy Maximum
Outpatient Medical	To Policy Maximum
Local Ambulance	To Policy Maximum
Emergency Room	As described below

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	As described below
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**Injury due to an accident:** Each Outreach<sup>SM</sup> 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.

### INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	To Policy Maximum when coordinated through the Plan Administrator
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Each Outreach Travel Medical Insurance<sup>SM</sup> 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 country of residence or the country where the evacuation occurred, up to the policy limit.

Emergency Reunion	To US\$15,000 when coordinated through the Plan Administrator
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Each Outreach 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 country of residence to be reunited with the insured.

Repatriation	To US\$25,000 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 country of residence will be covered up to a maximum of US\$25,000.

## SCHEDULE OF BENEFITS

### Returning Minor Children

To US\$5,000 when coordinated through the Plan Administrator

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 Outreach 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).

### PLAN INFORMATION

#### Deductible

Your choice of US\$100, \$250, \$500, \$1,000 or \$2,500

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.

#### Coinurance

As described below

**For treatment received outside the US & Canada:** No coinsurance

**For treatment received within the US & Canada:** The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

#### Benefit Period

Six months

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.

### SPECIAL COVERAGES

#### Home Country Coverage

As described below

**Incidental Home Country Coverage** - During the Period of Coverage an insured person may return to their country of residence for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their country of residence, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the country of residence may not be taken to receive treatment for an illness or injury incurred while traveling.

**End of Trip Home Country Coverage** - For every six 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).

## SCHEDULE OF BENEFITS

### Trip Interruption To US\$5,000

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 Outreach 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 of personal property; maximum of US\$250 per Period of Coverage

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.

### Common Carrier Accidental Death US\$50,000 to Beneficiary; maximum of US\$250,000 per family

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

### Sports & Activities Coverage To Policy Maximum for basic sports as described below

Each Outreach 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.

**Optional Sports Rider:** This rider adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For more sports coverage, please review IMG's Patriot Extreme<sup>SM</sup> plan.

### Accidental Death & Dismemberment US\$25,000 principal sum

Each Outreach 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. For more information, see the Conditions of Coverage section on page 14.

## NON-US CITIZENS COVERAGE FROM 10 DAYS TO 1 YEAR

**Outreach America<sup>SM</sup>** provides coverage for non-US citizens traveling outside their country of citizenship for a minimum of 10 days up to a maximum of one year. Although the Outreach America plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed. If you or other family members applying for coverage are age 65 or older, please see the Eligibility section on page 16 for additional information.

**If you are a non-US citizen traveling for three (3) months or more and under age 80, please review the Outreach Plus<sup>SM</sup> plan, as described on page 10, which offers a 10% discount on rates and is renewable for up to two years. Details on optional riders can be found on page 11, and more information on calculating your rates can be found on page 17.**

All premium rates are in US dollars and are effective through 12/31/05. Rates include 2.5% surplus lines tax. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

### ONE MONTH RATES (four Policy Maximum options)

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	One Month	One Month	One Month	One Month
18-29	\$48	\$56	\$72	\$84
30-39	\$62	\$74	\$94	\$108
40-49	\$94	\$106	\$140	\$158
50-59	\$134	\$164	\$198	\$228
60-64	\$158	\$194	\$230	\$276
65-69	\$180	\$232	\$252	\$300
70-79	\$244	N/A	N/A	N/A
80+*	\$424	N/A	N/A	N/A
Dep. Child	\$28	\$32	\$40	\$44
Child Alone	\$44	\$52	\$66	\$74

\*US\$10,000 Maximum

### DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	Daily	Daily	Daily	Daily
18-29	\$1.60	\$1.90	\$2.40	\$2.80
30-39	\$2.10	\$2.50	\$3.15	\$3.60
40-49	\$3.15	\$3.55	\$4.70	\$5.30
50-59	\$4.50	\$5.50	\$6.60	\$7.60
60-64	\$5.30	\$6.50	\$7.70	\$9.20
65-69	\$6.00	\$7.75	\$8.40	\$10.00
70-79	\$8.15	N/A	N/A	N/A
80+*	\$14.15	N/A	N/A	N/A
Dep. Child	\$.95	\$1.10	\$1.35	\$1.50
Child Alone	\$1.50	\$1.75	\$2.20	\$2.50

\*US\$10,000 Maximum

\*The maximum amount of coverage for applicants who are 80 years of age or older is US\$10,000.

## US CITIZENS COVERAGE FROM 10 DAYS TO 1 YEAR

**Outreach International<sup>SM</sup>** provides coverage for US citizens traveling abroad for a minimum of 10 days up to a maximum of one year. Although the Outreach International plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed.

***If you are a US citizen traveling for three (3) months or more and under age 80, please review the Outreach Plus<sup>SM</sup> plan, as described on page 9, which offers a 10% discount on rates and is renewable for up to two years.***

In addition to the benefits listed on pages 3 through 5, Outreach International for US citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

**Sudden Recurrence of a Pre-existing Condition** - 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 US. 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 12.

**Indemnity** - Outreach 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.

*All premium rates are in US dollars and are effective through 12/31/05. Rates include 2.5% surplus lines tax. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.*

### 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	\$36	\$42	\$48	\$54	\$60
30-39	\$42	\$48	\$64	\$70	\$80
40-49	\$66	\$74	\$82	\$90	\$110
50-59	\$106	\$122	\$136	\$152	\$170
60-64	\$122	\$144	\$170	\$200	\$224
65-69	\$144	\$154	\$176	\$210	\$270
70-79	\$210	N/A	N/A	N/A	N/A
80+*	\$420	N/A	N/A	N/A	N/A
Dep. Child	\$20	\$26	\$30	\$32	\$38
Child Alone	\$36	\$40	\$46	\$50	\$58

\*US\$10,000 Maximum

### DAILY RATES (MINIMUM COVERAGE IS 10 DAYS)

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	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
30-39	\$1.40	\$1.60	\$2.15	\$2.35	\$2.70
40-49	\$2.20	\$2.50	\$2.75	\$3.00	\$3.70
50-59	\$3.55	\$4.10	\$4.55	\$5.10	\$5.70
60-64	\$4.10	\$4.80	\$5.70	\$6.70	\$7.50
65-69	\$4.80	\$5.15	\$5.90	\$7.00	\$9.00
70-79	\$7.00	N/A	N/A	N/A	N/A
80+*	\$14.00	N/A	N/A	N/A	N/A
Dep. Child	\$ .70	\$ .90	\$1.00	\$1.10	\$1.30
Child Alone	\$1.20	\$1.35	\$1.55	\$1.70	\$1.95

\*US\$10,000 Maximum

\*The maximum amount of coverage for applicants who are 80 years of age or older is US\$10,000.

***Details on optional riders can be found on page 11, and more information on calculating your rates can be found on page 17.***

**US CITIZENS  
COVERAGE FROM 3 MONTHS TO 2 YEARS**

**Outreach Plus®** provides coverage for US citizens under age 80 traveling outside their country of citizenship for a minimum of three months up to a maximum of two years. Outreach Plus must be purchased for a minimum initial period of three months and is then renewable (without break in coverage) for a total of up to two years. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

*All premium rates are in US dollars and are effective through 12/31/05. Rates include 2.5% surplus lines tax. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.*

**US CITIZENS**

In addition to the benefits listed on pages 3 through 5, Outreach Plus for US citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

**Sudden Recurrence of a Pre-existing Condition** - 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 US. 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 12.

**Indemnity** - Outreach Plus 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.

**US CITIZENS** - rates reflect a 10% discount from the Outreach International plan (three Policy Maximum options)

3 month minimum	Option 10 \$500,000 (US Citizen only) Per Month	Option 11 \$1,000,000 (US Citizen only) Per Month	Option 12 \$2,000,000 (US Citizen only) Per Month
Age			
18-29	\$43	\$48	\$54
30-39	\$57	\$63	\$72
40-49	\$73	\$81	\$99
50-59	\$122	\$136	\$153
60-64	\$153	\$180	\$201
65-69	\$158	\$189	\$243
70-79*	\$189	N/A	N/A
Dep. Child	\$27	\$28	\$34
Child Alone	\$41	\$45	\$52

\*US\$50,000 Maximum

\*The maximum amount of coverage for applicants who are 70 - 79 years of age is US\$50,000.

**NON-US CITIZENS  
COVERAGE FROM 3 MONTHS TO 2 YEARS**

**Outreach Plus®** provides coverage for non-US citizens under age 80 traveling outside their country of citizenship for a minimum of three months up to a maximum of two years. Outreach Plus must be purchased for a minimum initial period of three months and is then renewable (without break in coverage) for a total of up to two years. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

*All premium rates are in US dollars and are effective through 12/31/05. Rates include 2.5% surplus lines tax. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.*

**NON-US CITIZENS**

**NON-US CITIZENS** - rates reflect a 10% discount from the Outreach America plan (two Policy Maximum options)

3 month minimum	Option 13 \$500,000 (Non-US Citizen only) Per Month	Option 14 \$1,000,000 (Non-US Citizen only) Per Month
Age		
18-29	\$64	\$75
30-39	\$84	\$97
40-49	\$126	\$142
50-59	\$178	\$205
60-64	\$207	\$248
65-69	\$226	\$270
70-79*	\$220	N/A
Dep. Child	\$28	\$39
Child Alone	\$49	\$66

\*US\$50,000 Maximum

\*The maximum amount of coverage for applicants who are 70 - 79 years of age is US\$50,000.

**Details on optional riders can be found on page 11, and more information on calculating your rates can be found on page 17.**

## OPTIONAL RIDERS

### Terrorism Rider

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

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

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

### Sports Rider

The Outreach Sports Rider **is available on all Outreach plans** and adds coverage for jet skiing, scuba diving, snow skiing, snowboarding, snowmobiling, snorkeling, surfing, wakeboarding, water skiing and windsurfing. For more sports coverage, please review IMG's Patriot Extreme plan.

### Outreach Return Rider

The Outreach Return Rider is **only available to non-US citizens who have purchased Outreach America or Outreach Plus**. When purchased at the time of application, Outreach Return provides temporary medical coverage for non-US citizens returning to their country of citizenship. The insured person must be outside his/her country of citizenship at time of application. For premium information, please see the back of the Application Form.

### Patriot T.R.I.P. Lite<sup>SM</sup>

In addition to the riders above, trip cancellation coverage is also available for your trip. With this plan, the loss of pre-paid, non-refundable, and unused payments may be recovered when a trip is cancelled or interrupted due to: illness, injury or death to you, a family member or travel companion; bankruptcy or 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. The benefits are outlined below and premium information can be found on the back of the Application Form.

Benefits	Maximum benefit per insured person
Trip cancellation	Trip cost up to US\$20,000
Travel delay	Up to US\$500
Baggage delay	Up to US\$100

## 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 Outreach 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.
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 or sustained while under the influence of or disablement of drugs or alcohol.
15. Willfull 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 Outreach Travel Medical Insurance 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

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

### CLAIM PAYMENT

All benefits payable under Outreach Travel Medical Insurance 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](mailto:insurance@imglobal.com).

### CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under a Outreach 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 country of citizenship; or 3) the date requested on your Application Form.

Outreach Travel Medical Insurance coverage ends on the **earliest** of the following dates: 1) The end of the period for which premium has been paid; 2) the date requested on your Application Form; or 3) the date you return to your country of residence (however, see Home Country Coverage on page 4 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 to the mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing a complete outline of the Policy Wording. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

## ELIGIBILITY REQUIREMENTS

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

- For those over age 65 and visiting the US, your initial Period of Coverage must begin within 30 days of arrival in the US. Please attach a copy of your Visitor's Visa to the Application Form. This requirement will be waived with proof of previous valid insurance. Please provide the name of your insurance carrier on the Application Form. If you are not in the US at the time of application, please indicate your expected date of arrival on your Application Form.
- This insurance is not available to non-US citizens who are residing in New York, California or Florida at the time of application. However, this restriction will not apply when the Effective Date coincides with or is subsequent to the applicant's departure date.

## EXTENSION OF COVERAGE

The Outreach America and Outreach International plans can be rewritten for succeeding or subsequent periods but are not renewable once the initial Period of Coverage expires. New Deductible, Coinsurance, 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. The Outreach Plus plan must be purchased for a minimum initial period of three months, and is renewable (without break in coverage) for a total of up to two years. Under Outreach Plus, an insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

## ONLINE FULFILLMENT KIT

You may choose to download your fulfillment kit from the IMG website rather than having it mailed to you. To do this, you must check the appropriate box listed in Section 2 of the Application Form. We **must** have your correct email address to complete this process. Once IMG has received and processed your Application Form, you will receive an email from IMG that contains all of the hyperlinks to obtain the fulfillment information through the Internet.

## Completing Section 4 of the Application Form - Sample information

In Section 4 of the application, you will be asked to complete information for each person to be covered by the plan, and you must calculate the monthly and/or daily premium for each person. Below is a sample calculation to assist you. In this example, a family of four (U.S. citizens) is traveling from January 20 through April 12 (i.e., 2 full months, plus 23 days). Based on this information, they would use the Outreach International plan. They choose a \$500,000 plan maximum (Option 7). This family's premium rate calculations would be as follows, based on the monthly and daily rates set forth on page 8:

4. Names of Persons to be insured:			
Applicant	Date of Birth (month/day/year - REQUIRED)	Age	Monthly Rate # of months
<i>John Traveler</i>	4 / 2 / 61	43	\$82 X 2 = \$164
Spouse <i>Jane Traveler</i>	7 / 8 / 65	39	64 X 2 = 128
Child <i>Susan Traveler</i>	10 / 27 / 89	15	30 X 2 = 60
Child <i>Jim Traveler</i>	1 / 25 / 91	13	30 X 2 = 60
			<b>\$412.00</b>
			Total (A)
			<b>\$158.70</b>
			Total (B)

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 1/1/05 and ages were determined as of 1/20/05, the departure date). The number of months is 2 (January 20 through February 20 is one month, February 20 through March 20 is another month). The number of days remaining is 23 (March 21 through April 12)

## Completing Section 7 of the Application Form - Sample information

In Section 7 of the application, you will be asked to calculate your total premium. At the right is a sample calculation to assist you. The sample uses the same information as our example on the previous page, and completes the calculation process.

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

In the first column, \$412.00 has been entered for the monthly premium and \$158.70 has been entered for the daily premium as calculated in Section 4 (see previous page). Because the family chose a \$100 deductible in Section 6 on the application, their rate factor is 1.10.

The family chose two separate riders, so they have entered the applicable add-on rider factors as indicated. They have also calculated their Patriot T.R.I.P. Lite premium.

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

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

7. (A) Monthly premium total (from Total (A) in Section 4)	<u>412.00</u>	Patriot T.R.I.P. Lite - To purchase this option, please complete the following calculation:
(B) Daily premium total (from Total (B) in Section 4)	+ <u>158.70</u>	Total cost of trip for all travelers
Deductible rate factor (see Section 6)	= <u>570.70</u>	$8,000 \div 100 = 80$
(C) Base premium - enter in the space below	X <u>1.10</u>	X 4.52 = <u>361.60</u> (E)
Terrorism Rider enter .25 if applicable	= <u>627.77</u>	Patriot T.R.I.P. Lite Premium Enter (E) in the space below
Sports Rider enter .20 if applicable	+ <u>.25</u>	(C) Enter the amount from C above
Outreach Return Rider enter .05 if applicable	+ <u>.20</u>	(D) Enter the amount D from above to the right of the 1. X <u>1.45</u>
(D) Total Rider factor go to space below and place this factor to the right of the 1.	= <u>.45</u>	= <u>910.27</u>
		(E) Enter the amount from E above (if any) + <u>361.60</u>
		US\$20 optional express mail + <u>0</u>
		<b>TOTAL DUE</b> <u>1,271.87</u>

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_ Home Country \_\_\_\_\_  
 Destination Country(ies) \_\_\_\_\_

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

Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Beneficiary for Spouse/Children \_\_\_\_\_ Relationship to Spouse/Children \_\_\_\_\_

**2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:**  
**OR  I will use the Online Fulfillment Kit Option (see page 16 for details-an email address is required)**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address, City, State, Country, Postal Code \_\_\_\_\_

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

**Outreach America for non-US citizen**

Option Number: 1\_\_ 2\_\_ 3\_\_ 4\_\_  
 **Applicants over age 65** (see page 16 for details)  
 Current Carrier \_\_\_\_\_  
 Date of arrival in the U.S. \_\_\_\_\_ **OR**  
 Expiration date of current coverage \_\_\_\_\_

**Outreach Plus for US citizens**

Option Number: 10\_\_ 11\_\_ 12\_\_

**Outreach Plus for non-US citizens**

Option Number: 13\_\_ 14\_\_  
 **Applicants over age 65** (see page 16 for details)  
 Current Carrier \_\_\_\_\_  
 Date of arrival in the U.S. \_\_\_\_\_ **OR**  
 Expiration date of current coverage \_\_\_\_\_

**Outreach International for US citizens**

Option Number: 5\_\_ 6\_\_ 7\_\_ 8\_\_ 9\_\_

**4. Names of Persons to be insured:**

	<b>Date of Birth</b> <small>(month/day/year) REQUIRED</small>	<b>Age</b>	<b>Monthly Rate*</b>	<b># of months</b>	<b>Daily Rate*</b>	<b># of days</b>
Applicant _____	__/__/__	__	X	=	X	=
Spouse _____	__/__/__	__	X	=	X	=
Child _____	__/__/__	__	X	=	X	=
Child _____	__/__/__	__	X	=	X	=

*Please attach additional sheet for more children*  
 \*use applicable monthly and daily rates (see pages 6, 8, 9 and 10)

**Total (A)**

**Total (B)**

**5.** Requested effective date (see How to Enroll, page 15): (month / day / year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of departure from your Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Home Country Coverage** (if applicable, enter number of extra coverage months here \_\_\_\_; see page 4 for details)

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

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

Application Form continued on back

**7. (A)** Monthly premium total  
(from Total (A) in Section 4) \_\_\_\_\_

**(B)** Daily premium total  
(from Total (B) in Section 4) + \_\_\_\_\_

= \_\_\_\_\_

Deductible rate factor  
(see Section 6) X \_\_\_\_\_

**(C) Base premium -  
enter in the space below** \_\_\_\_\_

---

Terrorism Rider  
enter .25 if applicable \_\_\_\_\_

Sports Rider  
enter .20 if applicable + \_\_\_\_\_

Outreach Return Rider  
enter .05 if applicable + \_\_\_\_\_

**(D) Total Rider factor  
go to space below and place =  
this factor to the right of the 1.** \_\_\_\_\_

---

**Patriot T.R.I.P. Lite**  
To purchase this option, please complete the  
following calculation:

\_\_\_\_\_ ÷ 100 = \_\_\_\_\_ X 4.52 = \_\_\_\_\_

Total cost of trip (E) Patriot  
for all travelers T.R.I.P. Lite  
Premium

**Enter (E) in the space below** \_\_\_\_\_

---

**(C) Enter the amount from C  
above** \_\_\_\_\_

**(D) Enter the amount D from  
above to the right of the 1.** X **1.** \_\_\_\_\_

= \_\_\_\_\_

**(E) Enter the amount from E  
above (if any)** + \_\_\_\_\_

**US\$20 optional express mail** + \_\_\_\_\_

**TOTAL PREMIUM DUE** \_\_\_\_\_

**Selling Producer Use Only**

Producer# 16932 \_\_\_\_\_

GA# \_\_\_\_\_

Name Insurance Consultants International \_\_\_\_\_

Address 7405 Campstool Dr. #101 \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Colorado Springs CO 80922 \_\_\_\_\_

Phone: 800-576-2674 \_\_\_\_\_

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 prior to the effective date of coverage. After the effective date, the premium is fully earned and non refundable. All payments must be made in US dollars and drawn on US banks.

**8. SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for Outreach Travel Medical Insurance as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) coverage under the Outreach International<sup>SM</sup> and Outreach America<sup>SM</sup> plans is not renewable, (iii) 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, (iv) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (v) by submission of this application and/or any future claim for benefits 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).

**ACKNOWLEDGEMENT** I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or 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 \_\_\_\_\_

**9. 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# \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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

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