



Plan Administrator

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Plan Underwriter

Visitors Care is underwritten by Sirius International Insurance Corporation (publ). Sirius International is A rated (excellent) by A.M. Best and A- by Standard and Poor's (at the time of printing).

CONTACT INFORMATION

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Visitors CareSM

Travel medical insurance for
individuals traveling outside
their country of citizenship



The uncertainties of travel

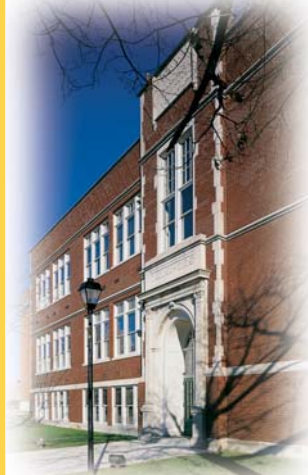
Traveling abroad can be an exciting experience. But what would happen if you or one of your family members became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical emergency.

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 or plan administrator at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

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 Visitors CareSM to provide you and your family Coverage Without Boundaries®. This plan offers a broad package of international scheduled benefits under four separate options based on deductible levels and maximum limits. Simply select the option that best fits your needs.

The experienced plan administrator



IMG World Headquarters
Indianapolis, Indiana



INTERNATIONAL MEDICAL GROUP

Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides around-the-clock coverage services to individuals and families in more than 150 countries.

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claims administrators, on-site medical staff and customer service professionals work together to ensure that your medical insurance needs are met. We process thousands of claims each year from countries throughout the world, and can 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 administration of routine treatment charges or coordination of a medical emergency.

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

SCHEDULE OF BENEFITS

The Visitors Care plan provides scheduled coverage for individuals traveling and/or temporarily residing outside their country of citizenship for a minimum of one month up to 24 months total. If the initial period of coverage is three (3) months or longer, the plan is renewable for extended periods of coverage from one (1) to 12 months, and will continue to be renewable so long as the preceding period of coverage is at least three (3) months, up to a maximum total of 24 continuous months.

The plan offers benefit maximums of either US\$50,000 or US\$100,000 for the life of the plan, and a choice of deductibles of US\$75 or US\$150 applied per period of coverage. When you incur eligible medical expenses, the plan will provide benefits for Usual, Reasonable and Customary charges up to the limits outlined in the Schedule of Benefits below, with no coinsurance. The four benefits below apply to both Plans A and B.

INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	To US\$10,000 when coordinated through IMG
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The plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility in life-threatening situations, and expenses for reasonable travel and accommodations resulting from the evacuation, up to US\$10,000 per evacuation, which must be approved and coordinated in advance.

Repatriation	To US\$7,500 when coordinated through IMG
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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 or citizenship will be covered, up to a maximum of US\$7,500.

SPECIAL COVERAGES

Home Country Coverage	As described below
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Incidental Home Country Coverage - During the period of coverage, an insured person may return to his/her home country for incidental visits up to a cumulative two weeks total, and retain continuing coverage during such visit(s), so long as: **a.** The insured person must have previously left his/her home country for some portion of the period of coverage, and **b.** The return to the home country must not be undertaken for the purpose of receiving treatment for an illness or injury incurred while traveling or residing outside the home country.

Common Carrier Accidental Death	US\$25,000 to Beneficiary
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If accidental death should occur while traveling on a commercial common carrier during the period of coverage, US\$25,000 will be paid to the designated beneficiary.

MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible where applicable

Plan A - US\$50,000 maximum benefit per life of plan

<u>Inpatient Treatment</u>	
Hospital room & board	Up to US\$1,275 per day, 30 day maximum per period of coverage
Intensive care	Additional US\$575 per day, 8 day maximum per period of coverage
Surgical treatment	US\$3,000 per surgical session
Consult physician	US\$400 per period of coverage
Pre-admission tests	US\$1,000 per period of coverage
Private duty nurse	US\$500 per period of coverage
Physician visits	US\$50 allowable charge per visit, 30 visits per period of coverage
<u>Outpatient Treatment</u>	
Surgical treatment	US\$3,000 per surgical session
Diagnostic x-ray & lab	US\$800 per period of coverage, (US\$400 allowable charge per procedure)
Hospital emergency room	US\$300 allowable charge per visit
Prescription drugs	US\$250 per period of coverage
Physician visits	US\$50 allowable charge per visit, 10 visits per period of coverage
<u>Miscellaneous Inpatient & Outpatient Services</u>	
Anesthetist	US\$750 per surgical session
Assistant surgeon	US\$750 per surgical session
<u>Other Coverages</u>	
Ambulance	US\$400 per period of coverage
Dental for accident to sound natural teeth	US\$500 per period of coverage
Physiotherapy	US\$35 per visit per day, 12 visits per period of coverage

MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible where applicable

Plan B - US\$100,000 maximum benefit per life of plan

<u>Inpatient Treatment</u>	
Hospital room & board	Up to US\$1,750 per day, 30 day maximum per period of coverage
Intensive care	Additional US\$750 per day, 8 day maximum per period of coverage
Surgical treatment	US\$5,000 per surgical session
Consult physician	US\$450 per period of coverage
Pre-admission tests	US\$1,000 per period of coverage
Private duty nurse	US\$500 per period of coverage
Physician visits	US\$50 allowable charge per visit, 30 visits per period of coverage

<u>Outpatient Treatment</u>	
Surgical treatment	US\$5,000 per surgical session
Diagnostic x-ray & lab	US\$950 per period of coverage, (US\$450 allowable charge per procedure)
Hospital emergency room	US\$500 allowable charge per visit
Prescription drugs	US\$250 per period of coverage
Physician visits	US\$50 allowable charge per visit, 10 visits per period of coverage

<u>Miscellaneous Inpatient & Outpatient Services</u>	
Anesthetist	US\$1,250 per surgical session
Assistant surgeon	US\$1,250 per surgical session

<u>Other Coverages</u>	
Ambulance	US\$400 per period of coverage
Dental for accident to sound natural teeth	US\$500 per period of coverage
Physiotherapy	US\$35 per visit per day, 12 visits per period of coverage

RATES AND PLAN INFORMATION

**Plan A
One Month Rates
US\$50,000 maximum benefit per life of plan**

Age	Option 1 US\$75 deductible per period of coverage	Option 2 US\$150 deductible per period of coverage
	One Month	
2 weeks - 49	\$52	\$47
50 - 69	\$79	\$74
Dependent child	\$42	\$37

**Plan B
One Month Rates
US\$100,000 maximum benefit per life of plan**

Age	Option 3 US\$75 deductible per period of coverage	Option 4 US\$150 deductible per period of coverage
	One Month	
2 weeks - 49	\$77	\$73
50 - 69	\$117	\$114
Dependent child	\$65	\$60

All premium rates are in US dollars and are effective through 12/31/03. Rates include 2.5% surplus lines tax. A dependent child is your child shown on the Enrollment Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

ENROLLMENT PROCESS & APPLICATION FORM

Please complete the Enrollment Form on the reverse side. You should read the important information below prior to completing this Form.

HOW TO ENROLL

Before you begin your travel, simply fill out the Enrollment Form (including your selection of Option 1 through 4, above) and calculate the premium for the time period you and your family will be traveling. Once you have completed the Enrollment Form, return it to your agent, mail it to IMG or fax it to IMG (317-655.4505). You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Enrollment Form and for whom premiums have been paid will be covered under the terms of the Visitors Care plan from the *latest* of the following dates: 1) The date IMG receives your completed Enrollment Form and the appropriate premium; 2) the date you depart from your country of citizenship; or 3) the date requested on your Enrollment Form.

Visitors Care 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 Enrollment Form; or 3) the date you return to your country of residence (however, see Incidental Home Country Coverage on page 3 for incidental coverage).

ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Enrollment Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Enrollment Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, precertification information, Claim Forms and a declaration of insurance and certificate containing the complete Policy Wording. *Please note: If you require express delivery, fax confirmation or special correspondence, there is an additional charge listed on the Enrollment Form.*

ELIGIBILITY REQUIREMENTS

The following conditions (among others) apply to all persons applying for and/or enrolling in the Visitors Care plan:

- Applicants must be non-US citizens.
- 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 Enrollment Form. If you are not in the US at the time of application, please indicate your expected date of arrival on your Enrollment 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 of your initial period of coverage coincides with or is subsequent to the applicant's departure date.

RENEWAL OF COVERAGE

For coverage to be continuous and renewable, the Visitors Care plan must be initially purchased for a minimum period of coverage of at least three (3) months, and thereafter the coverage can be renewed and extended for one or more additional periods (the preceding coverage period must always be at least 3 months), for a total continuous period of insurance of up to 24 months.

An initial period of coverage of less than three (3) months duration (or longer periods which have terminated) can be separately rewritten but not renewed, once the initial period of coverage (or other non-renewable period) has expired. New Eligibility Requirements, Deductibles, Scheduled Benefit Limits, Conditions of Coverage, and Pre-existing Condition Exclusions will apply to any separately rewritten and non-continuous coverage periods.

QUALITY GUARANTEE

Your satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, you are not pleased with the Visitors Care 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 in order to be considered for cancellation and refund.

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission and inpatient or outpatient surgery 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 properly precertified, eligible claims and expenses will be reduced by 50%. Precertification is not a verification of benefits or a guarantee of payment. All medical expenses must be usual, reasonable and customary charges, and must meet eligible payment guidelines. Please review the Precertification pamphlet and terms of the Certificate of Insurance included with your fulfillment kit for further information and details.

For precertification, emergency evacuation, repatriation or other inquiries, 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 contact information will also be provided on your ID card.

Note: You and your healthcare providers may save time and begin the precertification process at IMG's website, www.imgglobal.com. Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to complete certain information fields which can then be submitted electronically to IMG. The on-staff Medical Department at IMG will notify you by email upon receipt of your electronic submission. Once IMG has received your submission, IMG's medical team will review the information provided and respond to you and/or your providers 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 the Visitors Care plan are subject to the terms, conditions, limits and exclusions contained in the complete Policy Wording. To make claims processing efficient, claims may be paid in two ways:

1. Eligible claims that have already 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, either be reimbursed to the Insured Person or paid directly to the provider as an accommodation.

Please mail completed Claim Forms to:

International Medical Group, Inc., 407 Fulton Street,
Indianapolis, IN 46202 USA

All IMG contact numbers, Claim Forms and Policy Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 317-655-4505 or by e-mail: insurance@imglobal.com.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the applicable deductible and scheduled limits and sub-limits, and all other terms, conditions and exclusions of the Visitors Care plan as contained in the complete Policy Wording.
2. Coverage under the plan is secondary to any other available coverage or benefits.
3. Coverage and benefits are for medically necessary, and usual, reasonable and customary charges only.
4. Treatment must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage.
6. Claims must be presented to IMG for payment within the Period of Coverage or during the three months immediately following the Period of Coverage.

EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE

1. All terms, conditions, limits and exclusions of the complete Policy Wording apply to these benefits.
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.

PLAN INFORMATION

EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are expressly excluded from coverage under the Visitors Care plan:

1. Pre-existing Conditions. Any Injury, Illness, sickness, disease, or other physical or medical disorder, condition or ailment that existed at the time of Application or at any time during the three years prior to the Effective Date of the Initial Period of Coverage, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Heart disease, cancer, and stroke - Charges resulting directly or indirectly from heart and blood circulatory disorders (including without limitation hypertension, arteriosclerosis, and/or ischemic

cardiovascular disease); cancer, tumor, and stroke or central nervous system hypoxia; and including any subsequent chronic or recurring complications or consequences related to or arising from any of the foregoing.

3. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
4. War, political insurrection, protest, or any act thereof.
5. Immunizations and routine physical exams.
6. Treatment of Temporomandibular Joint or dental treatment, except as otherwise expressly provided for in the Policy Wording.
7. 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 Person who was HIV+ at time of enrollment into this insurance.
8. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
9. Any Injury or Illness sustained while taking part in mountaineering activities where specialized climbing equipment, ropes or guides are normally or reasonably should have been used, Amateur Athletics or professional athletics, aviation (except when traveling solely as a passenger in a commercial aircraft), hang gliding and parachuting, snow skiing except for recreational downhill and/or cross country snow skiing (no cover provided whilst skiing in violation of applicable laws, rules or regulations; away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body), racing of any kind including by horse, motor vehicle (of any type) or motorcycle, spelunking, and subaqua pursuits involving underwater breathing apparatus.
10. Vision or ear tests and the provision of visual or hearing aids.
11. Vocational, recreational, speech or music therapy.
12. Charges incurred for custodial care, educational or rehabilitative care, or nursing services.
13. 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 Person, including without limitation, engaging in an illegal occupation or act, but excluding minor traffic violations.
14. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
15. Injury and/or illness resulting or arising from or sustained while under the influence of or disablement of drugs or alcohol.
16. Willful self-inflicted injury or illness.
17. Treatment required as a result of or arising from complications from a treatment or condition not covered under the Visitors Care plan.
18. Any services or supplies performed or provided by a relative of the Insured Person or provided at no cost to the Insured Person.
19. Treatment for mental and nervous disorders.
20. Organ or tissue transplants, and all related services.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

PLEASE NOTE: This brochure contains only a consolidated and summary description of all current Visitors Care benefits, conditions, limitations and exclusions. A certificate of insurance containing the complete Policy Wording with all terms, conditions, limits and exclusions will be included with the fulfillment kit. Please review the Policy Wording carefully upon receipt and contact IMG if you have any questions concerning available coverages or benefits. The plan underwriter reserves the right to amend or modify the Policy Wording, and issue the most current Policy Wording for the Visitors Care plan, in the event an Enrollment Form and/or this brochure has expired, is modified, or is replaced with a newer version. Current Policy Wordings are available upon request.

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

Visitors CareSM

(Circle one) Mr. Mrs. Ms. Male Female

Last Name _____ First Name _____ Middle _____

Passport Number _____ Issuing Country _____ Country of Citizenship _____

Country of Residence _____ Beneficiary for Applicant _____ Relationship to Applicant _____

The Applicant will be deemed the beneficiary for his/her spouse and children

Send Confirmation of Coverage and Fulfillment Kit to (mailing address where applicable renewal information will be sent):

Name _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Calculating Your Premium:

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

Visitors Care Plan A: Option 1 (US\$50,000, US\$75 deductible) Option 2 (US\$50,000, US\$150 deductible)
 Plan B: Option 3 (US\$100,000, US\$75 deductible) Option 4 (US\$100,000, US\$150 deductible)

Names of Persons to be insured:

Date of Birth
(month/day/year - REQUIRED)

Monthly Premium

Applicant _____ / / _____

Spouse _____ / / _____

Child _____ / / _____

Child _____ / / _____

Please attach additional sheet for more children

Requested Effective Date (see How to Enroll section):	____/____/____
Date of Departure:	____/____/____
Date of Arrival in USA:	____/____/____
Date of Return to Home Country:	____/____/____

Total (A)

_____ X _____ = _____ + _____ = \$ _____

(A) total monthly premium Number of months US\$20.00 Optional **Total Premium**
 (from Total (A) above) Express, Fax confirmation or Special Correspondence

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.

SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for coverage under the Visitors CareSM insurance plan underwritten by Sirius International Insurance Corporation (publ) (the Company). I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (iii) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company unless approved in writing by an officer of the Company, and (iv) the Master Policy is issued in the United States, and is governed by its laws.

Payment Method Check (To IMG) Money Order (To IMG)
 Mastercard Visa American Express

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.

ACKNOWLEDGEMENT I (we) understand and agree that this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that existed at the time of application or at any time during the three years prior to the effective date of this insurance, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance.

Card# _____ Exp. date _____

Name on Card _____

Signature _____

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, and/or 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 upon request.

Your Daytime Phone _____

Your Billing Address _____

CERTIFICATION I (we) hereby certify, represent and warrant to IMG and the Company 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 this insurance program, (iii) I am (we are) currently in good health and have not been diagnosed with, treated for, and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment during any period of coverage under this insurance or for which I (we) intend to claim under this insurance. If signed as proxy of the Insured, the undersigned warrants their authority and capacity to so act and to bind the Insured Person. By acceptance of coverage or submission of a claim for benefits, the Insured Person ratifies the authority of the signatory to bind the Insured Person.

Selling Producer Use Only	
Producer# 21342	GA# 00000
Name _____	_____
Address _____	_____
City _____	Phone: _____
State _____	Zip Code _____

X Signature of Insured or Proxy _____

Date _____ Phone _____