



ASSURANT
Health

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For all other inquiries, please call 1-800-628-4664 or 1-317-655-4500

Fax: 1-317-655-4505

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CONTACT INFORMATION

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Rates are valid through 12/2007.
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ASSURANT
Health

Contracts administered by IMG and underwritten by Sirius International.

Coverage Without Boundaries®



*2007 rates
will be held through
March 31, 2008!*

Patriot Executive®

**Medical Insurance for
Traveling Executives**



Contracts are marketed by Assurant Health and administered by International Medical Group, Inc. and underwritten by Sirius International Insurance Corporation (publ).

Why Consider Travel Insurance?



As an executive who travels frequently throughout the year, you have plenty of responsibilities. You don't want to think about your medical coverage while you're abroad. But what would happen if you became ill or injured during your trip?

Most executives assume they will be covered by their standard medical plan. The truth is, while traditional plans offer adequate domestic coverage, they may not be designed for international travel.

You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot Executive® plans to provide you Coverage without Boundaries®. Each plan offers a complete package of international benefits available 24 hours a day. Simply select the one that best fits your needs.

Patriot Executive® International

Patriot Executive International is an annual plan for U.S. citizens that provides coverage for an executive, his or her spouse and/or children traveling together for a period of one year. You are then covered during that year, in accordance with the terms of the plan, for each trip you take together outside your home country.

Patriot Executive® America

Patriot Executive America is an annual plan for non-U.S. citizens that provides coverage for an executive, his or her spouse and/or children traveling together for a period of one year. You are then covered during that year, in accordance with the terms of the plan, for each trip you take together outside your home country.



The Experienced Plan Administrator

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

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claims administrators, on-site medical staff, and customer service professionals work together to give you true Global Peace of Mind®. IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. You can rest assured that IMG will be there for you whether it be for routine treatment or during a medical emergency.

MyIMGSM

With this tool you have the ability to access the information you need to manage your account online 24 hours a day, seven days a week from anywhere in the world. You can check the status of your claims submissions, retrieve explanation of benefits, read announcements, obtain certificate documents, initiate precertification and search for physicians within the First Health Network (PPO) as well as through the International Provider AccessSM (IPA), a database of over 8,600 facilities outside the United States!

Locating a Provider

With the Patriot Executive plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you may reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG (all PPO providers are contracted separately through First Health Group Corp.).

IMG also provides an online International Provider Access (IPA) database that can be used to locate health care providers outside the U.S. as needed.

(Note: Use of this service is subject to the terms and conditions specified online. These terms must be agreed to prior to using the service.) You may access these services by visiting the IMGLOBAL® website, www.inglobal.com.

Akeso Care Management®

ACM® is a URAC accredited health care management company specializing in the complete spectrum of Medical Management Services. ACM offers a unique blend of service components and expertise in cost containment. Rather than work with a third party vendor in dealing with Emergency Medical Evacuation, Precertification, Disease Management, Medical Claims Auditing, Claim Rate Negotiations and Large Case Management, you will work directly with IMG's wholly-owned subsidiary, ACM, and receive the security you need, along with peace of mind.



SCHEDULE OF BENEFITS - PLAN INFORMATION

Policy Maximum	US\$1,000,000
Policy Maximum for travelers who are 70-75	US\$50,000
Deductible	US\$250 per each covered illness
Coinsurance For treatment received outside the U.S. & Canada	No coinsurance
For treatment received within the U.S. & Canada In the PPO Network	The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum
Out of the PPO Network	The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

MEDICAL BENEFITS

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

Hospital Room and Board	Up to Policy Maximum for average semi-private room rate
Intensive Care	Up to Policy Maximum
Medical Expenses	Up to Policy Maximum
Outpatient Medical	Up to Policy Maximum
Local Ambulance	Up to Policy Maximum
Emergency Room Accident	Up to Policy Maximum
Emergency Illness- with in-patient admission	Up to Policy Maximum
Emergency Illness- without in-patient admission	Up to Policy Maximum with additional US\$250 deductible
Dental Injury due to accident	Up to Policy Maximum
Sudden dental pain	Up to US\$100
Pre-existing Conditions	Up to US\$5,000 per period of coverage

This is a summary of benefits only. Please see pages 7-10 for a list of benefit descriptions.

INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Evacuation	Up to US\$25,000
Emergency Reunion	Up to US\$15,000
Return of Mortal Remains	Up to US\$25,000
Returning Minor Children	Up to US\$5,000
Political Evacuation	Up to US\$10,000

ADDITIONAL BENEFITS

Benefit Period	Six months
Common Carrier Accidental Death	US\$50,000 to Beneficiary; maximum of US\$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for basic sports
Accidental Death & Dismemberment	US\$25,000 principal sum
Terrorism Coverage	US\$50,000 lifetime maximum
Identity Theft Assistance	Up to US\$500 per Period of Coverage
Trip Interruption	Up to US\$5,000
Lost Luggage	Up to US\$50 per item of luggage; maximum of US\$250

This is a summary of benefits only. Please see pages 7-10 for a list of benefit descriptions.

PATRIOT EXECUTIVE INTERNATIONAL

Rates - through age 75*

Maximum Trip Duration	30 Days
Annual premium	US\$200
Spouse & 2 children	US\$100
Each additional child	US\$ 40

PATRIOT EXECUTIVE AMERICA

Rates - through age 75*

Maximum Trip Duration	30 Days
Annual premium	US\$236
Spouse & 2 children	US\$118
Each additional child	US\$ 47

**The plan pays a policy maximum of US\$50,000 for travelers who are 70-75 years old. Rates include 2.5% surplus lines tax where applicable. Rates are effective through 12/31/07.*

UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

This is a discount savings program available to every certificate holder of the Patriot Executive plans. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price.

This *discount program* is not insurance coverage. It is purely a discount program to purchasers of the Patriot Executive plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

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 this product, you may submit a written request for cancellation and refund of your premium. In order to be considered for a full refund, your request for cancellation must be received by IMG prior to your effective date.

CONDITIONS OF COVERAGE

1. The Period of Coverage is for one year from the effective date of the Certificate of Coverage.
2. Coverage and benefits are subject to the applicable deductible, and the other terms of the plan as contained in the complete Certificate Wording and Master Policy.
3. Coverage under the Patriot Executive plan is secondary to any other coverage or contractual benefits.
4. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only. Benefits under the plan are available only for injuries and illnesses for which treatment is first obtained during the first 30 days of the trip.
5. Charges must be administered or ordered by a physician.
6. Charges must be incurred during the Period of Coverage or the Benefit Period, if applicable.
7. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period (if applicable), or during the three months immediately following the Period of Coverage.

ELIGIBILITY REQUIREMENTS

(U.S. citizens) You, your spouse and children are eligible for Patriot Executive International while traveling together outside the United States if you: 1) are under the age of 76, 2) are covered by an individual or group medical plan, and 3) travel outside the United States frequently throughout the year.

(Non-U.S. citizens) You, your spouse and children are eligible for Patriot Executive America while traveling together outside your home country if you: 1) are under the age of 76, 2) are covered by an individual or group medical plan, and 3) travel outside your home country frequently throughout the year.

Although the Patriot Executive plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, 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.

5.

ENROLLMENT PROCESSING & FULFILLMENT KIT

Application Forms are normally processed within 24 hours of receipt. Once processing is complete, the Company 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, Claim Forms and your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

ONLINE FULFILLMENT KIT

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

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission and inpatient or outpatient surgery must be Precertified for medical necessity, and requires the Insured Person or their attending Physician to call the number listed on the 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 a guarantee of payment. Please review the Precertification pamphlet and the certificate wording enclosed with each fulfillment kit. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines.** *Note: You may begin the precertification process at IMG's website, www.imglobal.com. Simply click the "Current Clients" title, then click the "Initiate Precertification" option. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures or evacuations.*

CLAIM PAYMENT

All benefits payable under Patriot Executive are subject to the complete terms and provisions contained in the Certificate Wording. 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 sole option of the Company, be made either to the Insured Person or, as an accommodation to the Insured Person, directly to the provider.

Please mail completed claim forms to: International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All contact numbers, claim forms and the complete Certificate Wording will be included in the fulfillment kit. The Company may be contacted through IMG as Plan Administrator by fax 1.317.655.4505 or email: insurance@imglobal.com.

6.

DESCRIPTION OF BENEFITS

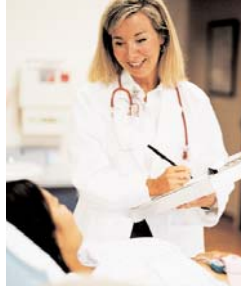
DEDUCTIBLE:

The deductible option is US\$250 per each covered illness. This deductible is waived for claims incurred as a result of a covered accident.

EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident are covered up to the Policy Maximum.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admittance to the hospital.



DENTAL:

Injury due to an accident - Each plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident up to the Policy Maximum.

Sudden dental pain - Each plan will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

BENEFIT PERIOD:

If a covered injury or illness requires continuing treatment after the period of coverage expires, the six-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the period of coverage expired, benefits for the covered injury or illness will continue subject to the Policy Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.



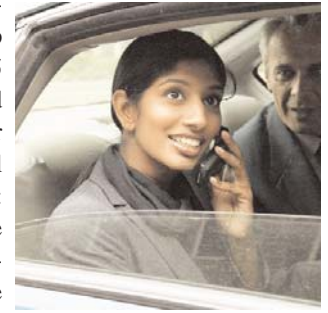
EMERGENCY EVACUATION:

The Patriot Executive plan includes coverage for emergency medical evacuation to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the

home country or the country where the evacuation occurred up to the Policy Limit. The plan pays up to US\$25,000 for evacuations resulting from a pre-existing condition; up to the Policy Maximum for covered incidents for insured persons under age 66; and up to US\$50,000 for covered incidents for insured persons from ages 66 to 75.

EMERGENCY REUNION:

The Patriot Executive 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 of the insured person: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.



RETURN OF MORTAL REMAINS:

If a covered illness/injury results in death, expenses for repatriation of bodily remains or ashes to the home country will be covered up to a maximum of US\$25,000.

RETURNING MINOR CHILDREN:

If an insured person is hospitalized due to a covered illness/injury and is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Patriot Executive plan will reimburse up to US\$5,000 for one way economy fare to the home country, including a chaperone, if necessary, for the safety of the child(ren).

POLITICAL EVACUATION:

If the United States Department of State, Bureau of Consular Affairs issues a travel advisory that becomes effective on or after the Insured Person's date of arrival in the Host Country, the Company will pay up to US\$10,000 for transportation to the nearest place of safety or for repatriation to the Insured Person's home country or country of residence provided that:

1. The Insured Person contacts the Company within 10 days of the United States Department of State, Bureau of Consular affairs issues the travel advisory;
2. Political Evacuation and Repatriation is approved and coordinated by the Company.

PRE-EXISTING CONDITIONS:

The plan will cover up to US\$5,000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of a pre-existing condition, as defined in the Certificate Wording.

COMMON CARRIER ACCIDENTAL DEATH:

If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family. Notwithstanding separate benefits, limits and sublimits for Common Carrier Accidental

Death benefit (page 4) and Accidental Death & Dismemberment benefits (page 4), no more than US\$50,000 per individual will be paid to a beneficiary in the event of any death that occurs while covered by the Patriot Executive plan.



SPORTS & ACTIVITIES COVERAGE:

The Patriot Executive plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include amateur or professional sports or other athletic activity which

is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, windsurfing and whitewater rafting.

ACCIDENTAL DEATH & DISMEMBERMENT:

The Patriot Executive 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 life which occurred during a hijacking, kidnapping or attempted kidnapping - two times the principal sum* • Accidental Loss of two Members - principal sum • Accidental Loss of one Member - 50% of principal sum. "Member" means hand, foot or eye. *Notwithstanding separate benefits, limits and sublimits for Common Carrier Accidental Death benefit (page 4) and Accidental Death & Dismemberment benefits (page 4), no more than US\$50,000 per individual will be paid to a beneficiary in the event of any death that occurs while covered by the Patriot Executive plan.

TERRORISM:

The Patriot Executive plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, subject to a US\$50,000 lifetime maximum.

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. Claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

Terrorism is 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.

This benefit does not cover an act of Terrorism in a country or location where the United States government has issued a travel advisory that has been in effect within the 6 months prior to the insured person's date of arrival.

This benefit does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to depart the country or location.

IDENTITY THEFT ASSISTANCE:

If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, the Patriot Executive plans will provide coverage for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of reporting, amending and/or rectifying records as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage and must be reported within 6 months of the termination of coverage date.

TRIP INTERRUPTION:

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, the Patriot Executive plan will reimburse the insured up to US\$5,000 for the cost of returning the insured to the area of principal residence. The plan will cover reimbursement for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.



LOST LUGGAGE:

This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

EXCLUSIONS

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

1. Treatment for pre-existing conditions in excess of US\$5000, per Insured Person, per Period of Coverage (not per trip). 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 prior thereto, 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.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, terrorism, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as provided for in the Certificate of Coverage.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, 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 from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. Willful self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered hereunder.
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. Treatment for Illness or Injury where the trip is undertaken for the purpose of obtaining such treatment or advice for a pre-existing condition.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This brochure contains only a consolidated and summary description of all current Patriot Executive benefits, conditions, limitations and exclusions, and is subject to all of the terms and conditions of the full Certificate Wording. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. The Company reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.



IMG IS YOUR COMPLETE SOURCE FOR INTERNATIONAL MEDICAL COVERAGE

Short-term Travel Plans:

Patriot Travel Medical Insurance®
Patriot Group Travel Medical Insurance®
Patriot Executive®, Patriot Executive Group
Patriot Exchange ProgramSM

Long-term Travel Plans:

Global Medical Insurance®

Employer Plans:

GEOSM Group
Global Educators Medical (GEMSM)

Mission Plans:

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

Marine Plans:

Global Crew Medical Insurance®
International Marine Medical InsuranceSM

Specialty Plans:

Patriot Extreme®, Sky RescueSM

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

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

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To Apply

1. Complete this entire Application Form.
2. If paying by check or money order, please make payable to IMG and enclose in envelope with signed Application Form.
3. Mail or fax completed Application Form to:
International Medical Group, Inc.
P.O. Box 88509, Indianapolis, Indiana 46208-0509 USA
Fax 1.317.655.4505.

Please Print:

Applicant's Name Mr. / Mrs. / Ms. _____
 Last _____
 First _____ Middle _____
 Home Country _____

Send Confirmation of Coverage to the following OR I will use the **Online Fulfillment Kit Option (we must have your email address for this option)** _____

Residence address, if different _____

Phone _____

Requested effective date of coverage _____

Passport, SSN, or Driver's License number _____

Applicant's Beneficiary _____

Beneficiary's Relationship to Applicant _____

Applicant's Insurance Carrier & Policy Number _____

Individual to notify in case of emergency _____

Phone number _____

Applicant will be the beneficiary for spouse and dependent children.

Selling Producer Use Only	
Producer# 56846	GA# _____
Name Ucentris Insured Solutions Brian Gruss	
Address 3900 E. Sprague - MS 731	
City Spokane	Phone: 509-252-7572
State WA	Zip Code 99202

Assurant Health # 21500

0107

Patriot Executive International Rates - through age 75*	
Maximum Trip Duration	30 Days
Annual premium	US\$200
Spouse & 2 children	US\$100
Each additional child	US\$ 40
Patriot Executive America Rates - through age 75*	
Maximum Trip Duration	30 Days
Annual premium	US\$236
Spouse & 2 children	US\$118
Each additional child	US\$ 47

**The plan pays a policy maximum of US\$50,000 for travelers who are 70-75 years old.
 Rates include 2.5% surplus lines tax where applicable. Rates are effective through 12/31/07.*

Names of individuals to be covered under the certificate:

Insured Name(s)	Date of Birth	Annual Premium
Insured _____	_____	_____
Spouse _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
US\$20 optional express mail:		_____
		Total premium _____

Payment Method Check (To IMG) Money Order (To IMG) Wire
 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 _____

SUBSCRIPTION I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Patriot Executive® insurance coverage as offered by Sirius International Insurance Corporation ("the Company") on the date of its receipt hereof. I (we) understand and agree that: (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 Patriot Executive is not renewable, (iii) no coverage will be effective until this Application has been duly 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 authorized representative of the Company, (v) IMG and the Company will rely on the accuracy and completeness of the information provided herein, (vi) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (vii) 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 selected agent and administrator, and invoke the benefits and protections of its laws, and (viii) the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance shall 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 shall be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

ACKNOWLEDGEMENT I (we) understand and agree that: (i) marketing brochures and certificate wordings are available prior to application upon request, (ii) the insurance agent/broker assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) this insurance provides only limited coverage, up to US\$5,000 maximum, per insured person, per period of coverage (not per trip), for the sudden and unexpected recurrence of 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 any time prior thereto, 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 (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions in excess of such limit will be excluded from coverage under this insurance, (iv) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (v) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided thereunder, and IMG acts solely as agent for the Company and has no direct or independent liability under the Master Policy or any Certificate of Insurance.

CERTIFICATION I (we) hereby certify, represent and warrant to IMG and the Company that: (i) I (we) have read this Application and the brochure or they have been read to me (us), and I (we) understand them, (ii) I am (we are) currently in good health and I (we) 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 condition which I (we) foresee may require treatment during the period of coverage or for which I (we) intend to claim under this insurance, and (iii) if this Application is signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and 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 the applicant.

MEDICAL RELEASE I (we) 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 of any physical or mental condition, and/or employment status, to provide such information to IMG and/or the Company.

Signature _____

Date _____ Phone _____