

Global Medical Insurance® APPLICATION

FAILURE TO PROVIDE LEGIBLE AND COMPLETE INFORMATION MAY DELAY PROCESSING OF YOUR APPLICATION.

SECTION 1. Please complete for all family members applying for coverage						
NAME Please print your name below		HEIGHT	WEIGHT	DOB <i>mm/dd/yyyy</i>	COUNTRY OF CITIZENSHIP	GOVERNMENT ISSUED ID NUMBER
A. Applicant last, first, middle	1	Male				
	1	Female		__/__/__		
B. Spouse last, first, middle	1	Male				
	1	Female		__/__/__		
C. First child (below age 19) last, first, middle	1	Male				
	1	Female		__/__/__		
D. Second child (below age 19) last, first, middle	1	Male				
	1	Female		__/__/__		
E. Third child (below age 19) last, first, middle	1	Male				
	1	Female		__/__/__		

Family Member			

Family Practitioner's Details - The following information must be completed

Doctor's Name:		Telephone:	
Address:			
Country:		Postal/Zip Code:	
Date Last Seen:	Reason:		

SECTION 3. Medical Information

For any question answered "YES" in Section 2, please identify each family member for whom the answer applies (using the corresponding letter(s) from Section

SUBSCRIPTION I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, Indiana, or its successor, for Global Medical Insurance® as offered by the Company on the date of its receipt hereof. I (we) understand and agree that: (i) no coverage will be effective until this Application has been duly accepted in writing by the Company, (ii) 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, (iii) IMG and the Company will rely on the accuracy and completeness of the information provided herein, (iv) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (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 selected agent and administrator, and invoke the benefits and protections of its laws, and (vi) 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) agree that Indiana surplus lines law shall govern all rights and claims arising under this insurance, and trial of any dispute shall be by the court as fact finder, without a jury.

ACKNOWLEDGEMENT I (we) understand and agree that: (A)(i) marketing brochures and certificate wordings are available prior to application upon request, (ii) except for IMG, any insurance agent, broker or other producer (or their website), if any, involved with respect to the solicitation of this application is acting solely as my legal agent and representative and is representing my personal interests, and that such person has no authority to bind or speak for, and is not acting as the legal agent or representative of, the Company or IMG, (iii) if IMG accepts my application WITH Creditable Coverage, then Global Medical Insurance defines "pre-existing conditions"

as: any disease, illness, injury or medical condition, or symptoms linked to such disease, illness, injury or medical condition for which medical advice, diagnoses or treatment, including self-treatment, has been sought, recommended or received; or that I knew or reasonably should have known existed, whether or not I sought medical advice, diagnosis or treatment, and covers them unless the pre-existing condition was not disclosed on my application or is the subject of special exclusion provided in a Rider to the Certificate of Insurance, (iv) if IMG accepts my application WITHOUT Creditable Coverage, then Global Medical Insurance defines "pre-existing conditions" as: any illness, injury, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company or IMG prior to the effective date, and including any and all chronic, subsequent or recurring complications or consequences related thereto or resulting or arising therefrom, and coverage for pre-existing conditions varies by plan option (I should consult my plan option to verify coverage) (v) any disease, illness, injury or medical condition that is not disclosed on my application will never be covered under this certificate or renewal, (vi) 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 jurisdiction, and (vii) 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. (B) This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA required U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes

to applicable law, including PPACA. It is an insured person's sole and exclusive responsibility to determine if PPACA is applicable to them, and the Company and IMG shall have no liability to any person whatsoever for their failure to obtain or maintain PPACA compliant insurance coverage. For information on whether PPACA applies to me or whether I am eligible to purchase Global Medical Insurance, I should see IMG's Frequently Asked Questions at imglobal.com/faq.

CERTIFICATION I (we) hereby certify, represent and warrant to IMG and the Company that: (i) I (we) have read the questions contained in this Application or they have been read to me (us), and I (we) understand them, (ii) my (our) responses to the questions are true, accurate, and complete in all respects as of the date hereof, and that I (we) will supplement such responses prior to the requested effective date in the event of any change or addition thereto, (iii) I am (we are) currently in good health and, except for the conditions and other information disclosed herein, I (we) have not been diagnosed with, sought consultation or been treated for, and have

Global Medical Insurance is underwritten by Sirius International Insurance Corporation (publ) as applicable (the "Company"). It is distributed, managed and administered, as agent for and on behalf of the Company, by International Medical Group®, Inc. ("IMG®")



If a U.S. citizen, I (we) understand coverage for Global Term Life Insurance will not be effective prior to the date of my (our) departure from the U.S.

If accepted for the Global Medical Insurance plan, I (we) understand that I (we) may qualify for Global Term Life Insurance underwritten by Sirius Bermuda Insurance Company Ltd. I (we) do hereby apply to the Global Life Insurance Services Group Insurance Trust, Bank of Bermuda, Hamilton, Bermuda, for Global Term Life Insurance as indicated above. I (we) hereby incorporate herein the certifications, representations, understandings, agreements, acknowledgements, authorizations, and warranties from the foregoing Application for Global Medical Insurance, and understand and agree that the terms, conditions, restrictions, and penalties thereof shall likewise apply hereto. I (we) also understand: (i) that in the event IMG does

SECTION 5. Deductible selection and premium calculation.

Note: Plan option, deductible selection, payment mode and area of coverage must be the same for all family members.

Check one Plan Option: Bronze Silver

SECTION 6. Renewal Contact Information

Please specify the best way to contact you at renewal:

1 Mail (please provide address)

1 Fax (please provide fax number)

1 Email (please provide email address)

Automatic Renewal Notice

For your convenience, we will notify you of your renewal premium in advance of your renewal date and automatically renew your plan, thereby preventing any accidental break in cover at renewal - unless of course you are no longer eligible or we hear from you to the contrary before renewal.

SECTION 7. Insurance Producer Use Only

IMG Producer Number #:

Producer Name:

Company Name:

Address: 1 , 2

City:

State: MA

Postal/Zip Code: 010

Telephone: +1 617-500-6738

Fax:

Email:

Website: <https://www.internationalinsurance.com>

Producer Signature: X _____

GA #:

Please mail or fax this application to:

Please mail or fax this application to:
International Citizens Group, Inc.
18 Shipyard Drive, Suite 2A
Hingham, MA 02043 USA

