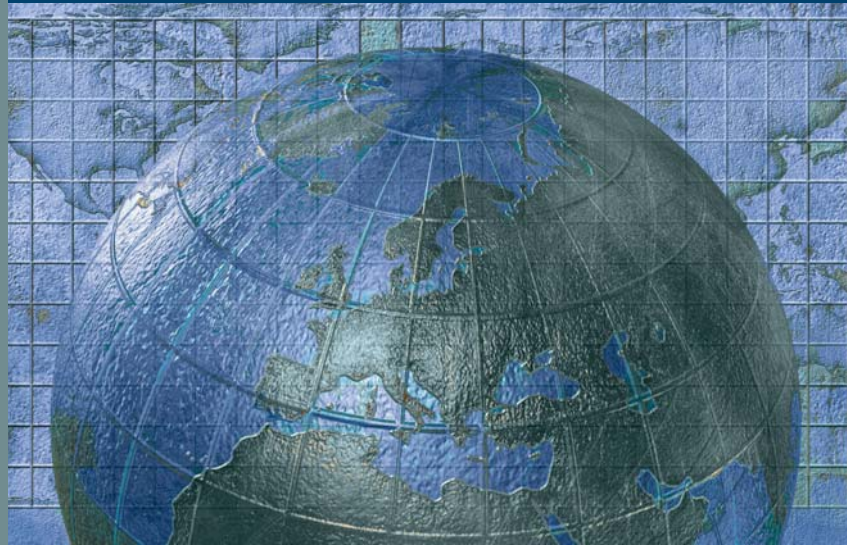




Afghanistan Albania Algeria Andorra Angola Antigua and Barbuda Argentina
Armenia Australia Austria Azerbaijan Bahamas Bahrain Bangladesh Barbados
Belarus Belgium Belize Benin Bhutan Bolivia Bosnia and Herzegovina Botswana
Brazil Brunei Bulgaria Burkina Faso Burundi Cambodia Cameroon Canada
Central African Republic Chad Chile China Colombia Comoros Congo Costa
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Dominican Republic Ecuador Egypt El Salvador Equatorial Guinea Eritrea Estonia
Ethiopia Fiji Finland France Gabon Gambia Georgia Germany Ghana Grenada
Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras Hungary Iceland

GLOBAL MEDICAL INSURANCESM

Long-term, worldwide
medical coverage for
individuals and families

Security rated
A (excellent) by A.M. Best

Indonesia Iraq Ireland Israel Italy Jamaica Jordan Kazakhstan Kenya Kiribati Korea Kuwait Kyrgyzstan Laos Latvia Lebanon
Lesotho Liberia Liechtenstein Lithuania Luxembourg Macedonia Madagascar Malawi Malaysia Maldives Mali Malta Marshall Islands Mauritania Mauritius Mexico
Micronesia Moldova Monaco Mongolia Morocco Mozambique Myanmar Namibia Nauru Nepal Netherlands New Zealand Nicaragua Niger Nigeria Norway Oman
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Please refer to the Certificate wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in this booklet. Certificate wordings are available upon request and prior to application.

WORLDWIDE COVERAGE FOR NON-U.S. CITIZENS AND U.S. EXPATRIATES

Becoming a citizen of the “global community” can be an exciting experience, yet one that can pose potential complications. Your health care while abroad should not be one of those concerns. Whether you are working or living abroad for extended periods, traveling frequently between countries, maintaining multiple countries of residence, or exploring private health care alternatives, Global Medical Insurance is designed to meet your needs.

Global Medical Insurance offers worldwide coverage to a wide variety of international clientele, including expatriates, international executives, diplomats, students, entertainers and other international travelers. Regardless of your occupation or circumstances, Global Medical Insurance can help eliminate the obstacles of time, currency and language when you are seeking medical treatment and need assistance and administration of your international health care benefits.

Global Medical Insurance provides US\$5,000,000 of lifetime coverage with a full range of benefits suited for individuals and families. The plan provides coverage worldwide, 24 hours a day, including your country of citizenship under certain circumstances. You have the freedom to choose any doctor or hospital for treatment, whether at home or traveling for business or pleasure.

When you select Global Medical Insurance, you receive IMG’s commitment to deliver world class health benefits, medical assistance and total peace of mind.



Global Medical InsuranceSM
allows you to choose any
doctor or hospital for
treatment, whether at
home or traveling for
business or pleasure.



INTERNATIONAL MEDICAL GROUP

International Medical Group®, Inc. (IMG®) is a worldwide leader in designing, distributing and administering global healthcare benefits. Since 1990, we have built a solid reputation by providing medical security to hundreds of thousands of individuals and families in more than 150 countries.

IMG presents a unique, full-service approach to the international community. Our clients include international vacationers, business executives and consultants, missionary groups, expatriates, professional entertainers and athletes, government entities, schools and universities, professional marine captains and crew, and local and third country nationals. Our complete portfolio of products allows our clients access to worldwide quality healthcare and IMG's superior customer service.



Coverage without boundaries®

Because we focus exclusively on the international market, we have the ability to offer unique services that many domestic plans cannot provide. Our staff includes claims administrators who process thousands of claims each year from throughout the world, handling virtually every language and currency; multilingual customer service representatives who ease the burden of communicating in a second language; and on-site medical advisors who are available 24 hours a day, seven days a week for emergencies, medical evacuations and precertification.

To ensure that we are available when and where needed, IMG also maintains a European service and assistance center, IMG Europe Ltd. From its offices in the United Kingdom, IMG Europe provides marketing services, administration support and emergency medical assistance to those who are living or traveling worldwide. Clients who work with IMG Europe receive the world class services of IMG, plus the added benefits of similar time zones, swift postal delivery and services that are in tune with local practices and administration.

IMG's world headquarters is located in Indianapolis, Indiana.



Both IMG offices (and each department within them) work together to provide our clients with problem-free, worry-free medical insurance coverage. Worldwide coverage, multilingual capabilities, international claims specialists and access to IMG from anywhere at anytime – all designed to give you true Coverage Without Boundaries and the confidence you deserve when choosing an international insurance administrator.

Complete contact information for both IMG offices will be provided in the fulfillment kit that insured members receive following acceptance of their applications.

KEY IMG SERVICES	BENEFITS TO YOU
<input type="checkbox"/> U.S.-based administration and European service center	Fast, efficient services and availability when and where you need it for true Coverage Without Boundaries
<input type="checkbox"/> On-site executive medical director/physician and registered nurses	Provides access to highly qualified coordinators of emergency medical services and international treatment
<input type="checkbox"/> Over 90% of claims processed within 10 days receipt of complete information	Reduces financial burdens with prompt payments
<input type="checkbox"/> Multilingual claims adjudication and customer service	Ability to submit claims from any country and communicate without language barriers
<input type="checkbox"/> Verification of benefits and claim status inquiries available by phone, fax, internet and email	Convenient contact with IMG at any time from anywhere to reduce your worries during treatment and recovery
<input type="checkbox"/> International currency conversions and claim reimbursements via check, direct deposit and electronic transfer	Can eliminate costly conversion fees and provide expedient receipt of funds
<input type="checkbox"/> Internet access to search for a PPO provider, initiate precertification, print plan descriptions and ID cards, and "live" chat with a claims representative	24 hour assistance from anywhere in the world for your Global Peace of Mind®

BENEFITS

Global Medical InsuranceSM (GMI) covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. Each insured person will only need to satisfy their deductible once per period of coverage (12 months), with a maximum of three deductibles per family. **For eligible expenses incurred in the U.S. and Canada:** once the deductible is met, GMI pays 80% of the next US\$5000 in eligible expenses, then 100% of eligible expenses up to the policy maximum. **For eligible expenses incurred outside of the U.S. and Canada:** once the deductible is met, GMI will pay 100% of eligible expenses up to the policy maximum.

MEDICAL INSURANCE	BENEFIT <small>Subject to deductible and coinsurance</small>
Coverage Area	Worldwide
Policy Maximum Per Individual	US\$5,000,000 lifetime
Hospitalization Semi-private room and board • Nursing services • Prescription medication • Physician charges • Diagnostic and laboratory testing • X-rays • Chemotherapy and radiation • Durable medical equipment • Treatment, services and supplies routinely provided	URC
Intensive Care Unit	URC
Surgery Surgical care • Second surgical opinion • Anesthetics • Physician charges for surgery • Treatment, services and supplies routinely provided	URC
Transplants Limited to certain transplants and covered only within designated transplant facilities that are members of IMG's independently-contracted PPO network	US\$1,000,000 lifetime
Outpatient Emergency treatment of illness or injury • Surgery • Rehabilitative treatment • Treatment, services or supplies routinely provided • Prescription medication	URC
Emergency Surgery or dental treatment following an accident • Emergency room following an accident	URC
Emergency Transportation by Ground Ambulance	URC
Emergency Medical Evacuation Included with Emergency Medical Evacuation is an Emergency Reunion benefit of US\$10,000 lifetime	Up to policy maximum
Repatriation	US\$25,000

MEDICAL INSURANCE (cont'd)

BENEFIT – Subject to deductible and coinsurance

Supplemental Accident

The first US\$300 will be covered for each accidental injury

US\$300 per occurrence
(not subject to deductible or coinsurance)

Maternity

Available after 12 months of continuous coverage • Pre and post-natal care • Normal delivery or C-section • Well baby care and treatment of newborn for first 31 days

US\$50,000 lifetime
(maximum of US\$5,000 for normal delivery for each pregnancy; maximum of US\$7,500 for C-section delivery for each pregnancy)

Newborns

Eligible newborn children may be added without evidence of insurability under certain circumstances • An application form must be submitted within 31 days of birth

URC

Child Wellness

Available for eligible children from 14 days to 18 years of age after 12 months of continuous coverage

US\$50 maximum per visit; US\$150 maximum per period of coverage
(not subject to deductible or coinsurance)

Pre-existing Conditions

Available after 24 months of continuous coverage

US\$50,000 lifetime
(maximum of US\$5,000 per period of coverage)

Mental/Nervous Care

Available after 12 months of continuous coverage
• Inpatient and outpatient care by a licensed psychiatrist

US\$10,000 per period of coverage,
US\$25,000 lifetime

Wellness

Females age 35 and over, after 12 months of continuous coverage
• Routine physicals • Mammogram, ob/gyn visit, etc. (exams must be separated by at least 12 months)

US\$250 per period of coverage
(not subject to deductible or coinsurance)

Males age 35 and over, after 12 months of continuous coverage
• Routine physicals (exams must be separated by at least 12 months)

Complementary Medicine

Acupuncture
Aroma Therapy
Herbal Therapy
Magnetic Therapy
Massage Therapy
Vitamin Therapy

(Each per period of coverage)
US\$150
US\$50
US\$50
US\$75
US\$150
US\$100

Other

Chiropractor when referred by a physician • Radiation treatment
• Home nursing care • Hospice care • Physical therapy
(maximum US\$50 per visit) • Prosthetic devices

URC

The foregoing list is only a summary of available benefits and coverages, and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. Please refer to the certificate wording for a complete description, which is available upon request.

SUPPLEMENTAL LIFE

GLOBAL TERM LIFE INSURANCE SM INCLUDING AD&D

While Global Medical Insurance is designed to protect individuals and families from the high cost of medical expenses, Global Term Life Insurance provides protection for families following a traumatic loss. Global Term Life Insurance also includes Accidental Death and Dismemberment (AD&D) coverage at no additional cost. AD&D is paid in addition to any amount paid by Global Term Life Insurance and can double the amount of the benefit.

ELIGIBILITY AND COVERAGE

Those approved for Global Medical Insurance and under age 70 are automatically eligible for Global Term Life Insurance at the time of application. Global Term Life Insurance is an optional program purchased in units. The number of units applicants may purchase is based upon their age at the time of application and each subsequent renewal. Applicants from age 31 days through 18 years and from 65 through age 69 are eligible for one unit of coverage. Applicants from age 19 through age 64 are eligible for two units of coverage.

GLOBAL TERM LIFE INSURANCE

AGE	PRINCIPAL SUM* per unit	AGE	PRINCIPAL SUM* per unit
31 days-18	US\$5,000	50-54	US\$20,000
19-29	US\$75,000	55-59	US\$15,000
30-39	US\$50,000	60-64	US\$10,000
40-44	US\$35,000	65-69	US\$7,500
45-49	US\$25,000		

ACCIDENTAL DEATH AND DISMEMBERMENT (INCLUDED WITH GLOBAL TERM LIFE INSURANCE)

Accidental Loss of Life
 Accidental Loss of Two Members**
 Accidental Loss of One Member**

BENEFIT
Principal Sum*
Principal Sum*
50% of Principal Sum*

*Benefit based on age at time of death **"Member" means hand, foot or eye.



The supplemental plans administered by IMG can protect your family from the burden of financial liabilities.

DAILY INDEMNITY

GLOBAL DAILY INDEMNITYSM

Insuring your life and health reduces the burden of unforeseen financial liabilities due to an illness or accident. Unfortunately, obligations and bills continue even during a hospital stay. The Global Daily Indemnity plan is an excellent way to offset these expenses. Global Daily Indemnity will pay directly to you US\$100 for each required overnight stay in a hospital. The hospital stay must be eligible for coverage under your Global Medical Insurance plan, and hospital stays related to pregnancy are not eligible.

GLOBAL DAILY INDEMNITY

Available only between ages 19-69 with Global Medical Insurance

PRINCIPAL SUM

US\$100 per day

How To Apply

Global Term Life Insurance and Global Daily Indemnity are available with no additional medical underwriting. Simply complete and return the health and life portions of the application with the appropriate premiums as outlined in the application.

PREFERRED PROVIDER ORGANIZATION

You may seek treatment under Global Medical Insurance worldwide, including in the United States, with the hospital or doctor of your choice. When seeking treatment in the U.S, you may use the independent Preferred Provider Organization (PPO) contracted by IMG, a separately-organized network of approximately 475,000 physicians and 4,000 privately owned and operated hospitals.* This PPO network includes approximately 67% of all the hospitals in the U.S., including some of the most well-recognized university medical centers and transplant facilities.

Using this provider network could significantly reduce your out-of-pocket expenses. **Your deductible will be reduced by 50%, and any coinsurance applicable to that charge is waived, when eligible treatment is received from a network provider.** When a U.S. hospital outside the network is used, a co-payment of US\$250 is required in addition to the regular deductible and coinsurance. This co-payment is waived, however, if there is not a network provider within 50 miles of the location of treatment.

You may access the PPO directory by requesting that a copy be sent to you or you may visit the IMGGLOBAL[®] web site, www.imglobal.com. Network providers are listed by location and specialty.

**All PPO providers are contracted separately through First Health Group Corp.*

EMERGENCY MEDICAL EVACUATION

During a medical emergency, access to qualified treatment is an immediate concern. For these situations, Global Medical Insurance includes Emergency Medical Evacuation coverage up to the policy maximum. This coverage is available when there is not a qualified facility in the immediate area to treat your life threatening illness or injury. In addition, an Emergency Reunion lifetime benefit of US\$10,000 is available to cover the travel/lodging expenses of a relative or friend during an Emergency Medical Evacuation. Global Medical Insurance also covers expenses for repatriation of bodily remains or ashes to the insured's country of citizenship up to a maximum of US\$25,000 for death resulting from a covered injury or illness.

HOW THE EVACUATION PROCESS WORKS

Emergency Medical Evacuation benefits under the plan provide access to care when you or your family need it most. During the emergency, IMG will coordinate evacuation to a qualified facility equipped to handle your illness or injury. A team of independent pilots and medical professionals transport you and a family member, while arrangements for your arrival are being made with the receiving hospital. Once at the receiving hospital, IMG will continue to monitor your treatment and communicate with physicians and family members.

To be eligible, the evacuation must be recommended by the attending physician in life-threatening situations, and approved in advance and coordinated by IMG. IMG is available 24 hours a day, 7 days a week to arrange emergency medical evacuations.

IMG has around-the-clock medical staff available to approve, certify and coordinate medical evacuations.



Global Medical Insurance is available to individuals and families of all nationalities. U.S. citizens must reside abroad or plan to leave the U.S. on their effective date and plan to reside abroad for at least six of the next 12 months. Non-U.S. citizens may reside anywhere, including their country of citizenship, although certain eligibility restrictions may apply to non-U.S. citizens residing in the United States. Persons between the ages of 14 days and 74 years old may apply for coverage. Persons older than 74 years of age are not eligible. Certain other restrictions may also apply. Please ask your insurance agent or broker for further details.

Families applying for Global Medical Insurance will receive free coverage for the first two eligible dependent children between the ages of 14 days to 9 years when both parents are insured under the Global Medical Insurance plan. Children under the age of 19 applying individually should use the male 19-24 age bracket when applying for coverage. Each person requesting coverage must complete the information required in the application.

NEWBORN CHILDREN

Newborn children may be eligible for coverage from birth for illnesses or injuries subject to: 1) The mother of the newborn must be covered by Global Medical Insurance, 2) the delivery of the child must be covered by Global Medical Insurance, 3) an application for the newborn must be received within 31 days of the date of birth, and 4) the newborn must meet eligibility requirements and the other terms and conditions of the plan.

RENEWAL OF COVERAGE

Subject to the terms of the plan, Global Medical Insurance is annually renewable and coverage is continuous when renewed. Prior to the end of each period of coverage (12 months) you will receive a renewal form. You must continue to meet the eligibility requirements outlined above in order to renew. There are no additional medical questions at renewal, and rates do not change based on your individual claims activity. Your renewal premium will be the same rate as all persons renewing in your same class. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

LIFETIME COVERAGE

Lifetime medical coverage is available if you are enrolled in the Global Medical Insurance plan by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday you will receive a renewal form for continuing coverage on the Global Senior PlanSM. There is no additional medical underwriting. You simply need to complete and return the renewal form with your premium.

PRE-EXISTING CONDITIONS

After coverage has been in effect for 24 continuous months, Global Medical Insurance provides a US\$50,000 lifetime benefit for eligible pre-existing conditions that existed at or prior to the effective date, subject to a maximum of US\$5,000 per period of coverage. This benefit is payable whether or not you have received consultation or treatment for the condition(s) during the 24-month period. This is important since few pre-existing conditions remain free from ongoing consultation or treatment, and often do not qualify for coverage in standard plans. Global Medical Insurance does not “rider” or charge additional premium for pre-existing conditions. If you properly disclose a pre-existing condition at the time of application, and are accepted into the plan, you will be covered for eligible medical expenses after 24 months of continuous coverage, subject to the foregoing limits and the other terms of the plan.*

The following illnesses which exist, manifest themselves or are treated or have treatment recommended prior to or during the first 180 days of coverage from the initial effective date are considered pre-existing conditions under the plan, and are subject to the waiting period and other limitations of coverage described above: tonsillectomy, disc disease, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, hysterectomy, hernia, gall stones or kidney stones, any condition of the breast, and any condition of the prostate.

OTHER EXCLUSIONS AND LIMITATIONS*

- Routine physical examinations-first 12 months
- Maternity and newborn-first 12 months
- Mental and nervous-first 12 months
- Dental treatment unless accident related
- Organized amateur or professional sports
- Treatment not ordered or received by a physician
- Treatment or supplies not medically necessary
- Investigational, experimental or research procedures
- Custodial care
- Weight modification
- Elective cosmetic or plastic surgery
- Treatment of impotency
- Contraceptive medication or treatment
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Devices to correct sight or hearing
- Routine foot care
- Treatment by a relative or family member
- Treatment as a result of war or riot
- Treatment resulting from illegal activities
- Speech therapy
- Persons HIV+ at effective date
- Services and treatment eligible for payment by any government or other insurance

** See certificate wording for a definition of pre-existing conditions and a complete list of exclusions and limitations, and for all other specific terms and conditions of the plan. Certificate wording is available upon request.*

PRECERTIFICATION, VERIFICATION OF BENEFITS & CLAIMS INFORMATION

Prior to receiving treatment you may need to contact IMG to precertify your treatment and/or for verification of benefits. *Precertification* means calling IMG's Utilization Review department to receive a determination of medical necessity for the proposed treatment or services. It is important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. Precertification may be done by you, the doctor, a hospital administrator or a relative. The following treatments and services must be pre-certified or certain reductions in benefits may result :

- Any surgery or treatment requiring hospitalization ■ Outpatient surgery
- Within 48 hours after an emergency admission to the hospital
- Care in an extended care facility ■ Home nursing care ■ CAT scans, MRIs
- Durable medical equipment including artificial limbs ■ Transplants

Verification of benefits is the process of verifying your general coverage and the available benefits under the plan. You may do this by contacting IMG's Customer Care department whether or not your treatment or services require precertification. Verification of benefits is not a guarantee of payment or assurance of coverage, and all medical expenses must meet eligible payment guidelines in accordance with the terms and conditions of the plan. While precertification and verification of benefits are separate determinations, both are made in reliance on the completeness and accuracy of the information provided by you and your healthcare providers to IMG.

CLAIMS PROCEDURES

When you receive treatment, original itemized bills must be received by IMG within 90 days of services. As a courtesy, claims may be paid in selected alternate currencies by electronic bank wire. Please see the Claim Form for more information and conditions of this service.

CLAIM FILING ALTERNATIVES

DIRECT PAYMENT TO PROVIDERS- In many cases IMG works with the hospital or clinic as an accommodation, including those outside the independent PPO, for direct payment of eligible medical expenses on your behalf. To be eligible to have a claim paid in this fashion, you or the provider must complete a Claim Form and submit it with original itemized bills. In this case, you will be responsible for direct payment of your deductible, coinsurance amounts and non-eligible expenses and charges.

REIMBURSEMENT- If you have received treatment and need to be reimbursed for out-of-pocket medical expenses, complete the Claim Form and submit your original itemized bills and paid receipts within 90 days. We will reimburse your eligible medical expenses after applying the deductible and coinsurance, subject to the terms of the plan.

Please remember to submit your bills and receipts as soon as you receive them. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.

HOW TO APPLY

To apply for IMG's Global Medical InsuranceSM plan, simply complete and return the family application for yourself, your spouse and dependents. If you are 19 years of age or older, you must complete your own application. You must complete all questions outlined in the application in order to be considered for coverage. An attending physician statement may be required depending upon your answers to the medical conditions, and IMG reserves the right to request additional medical information.

When we receive your completed application with premium, we will process it as quickly as possible. Once accepted, you or your agent/broker will be mailed a fulfillment kit which includes an IMG identification card, a certificate of insurance (containing a complete description of benefits, exclusions and terms of the plan), claim filing information, and claim forms. You are required to notify IMG, as required by the terms of the plan, if you or any family member suffers or is treated for any illness, injury or other medical condition between the time of your application and the issuance of the certificate. If your application is not accepted, you will receive a full refund of premium. For additional information, please contact your independent insurance agent or broker.

Once you are accepted in the plan, we are confident that you will be pleased with the full terms of coverage. To ensure your satisfaction, we provide you with a 15 day period to review the fulfillment kit contents. If, during that 15 day period you find that you are not happy with the plan for any reason, you may submit a written request for cancellation and full refund of your premium. See Certificate of Insurance for full details.

PLAN UNDERWRITER



When deciding which company will insure your health, there are many important factors to consider. In addition to comprehensive benefits and experienced administration, there must be the commitment and financial stability of an established international insurance company.

While IMG provides complete plan administration expertise, our globally-recognized partner, Sirius International Insurance Corporation (publ), offers the financial security and reputation demanded by international consumers. Rated A (excellent) by A.M. Best and A- by Standard & Poor's*, Sirius International shares IMG's vision of the international marketplace and offers the stability of a well-established insurance company.

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

**Sources: A.M. Best press release dated August 7, 2002; Standard & Poor's press release dated October 30, 2002. Ratings accurate as of the date of printing and subject to change.*

Please refer to the certificate wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions outlined in this booklet. Certificate wording is available upon request prior to purchase.

The summary description of coverages, benefits and eligibility in this brochure is accurate at the date of printing, subject to the terms of the plan. Any updates or changes made subsequent to printing will be included in the fulfillment kit sent upon approval of your application, and/or from time to time thereafter.



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IMG'S FULL LINE OF INTERNATIONAL INSURANCE PLANS

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Complete coverage for
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Permanent coverage for
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GEOSM Group:
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INTERNATIONAL MEDICAL GROUP

Coverage without boundaries[®]

GLOBAL MEDICAL INSURANCESM

New Business Rates through 12/31/2003 (Includes 2 ½% surplus lines tax)



Underwritten by Sirius International Insurance Corporation (publ) (the "Company")
 Distributed, managed and administered, as agent for and on behalf
 of the Company, by International Medical Group®, Inc. ("IMG®")

ANNUAL PREMIUMS

(more deductible options can be found on the back of this page)

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	US\$250		US\$500		US\$1,000	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 Free* Then 450		First 2 Free* Then 380		First 2 Free* Then 290	
10-18**	490	490	400	400	310	310
*The first two Dependent Children between the ages of 14 days to 9 years are free only when both parents or guardians are insured under the Global Medical Insurance plan. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19-24 rates.						
19-24	1,075	1,785	925	1,585	720	1,140
25-29	1,175	1,950	1,025	1,750	795	1,260
30-34	1,230	2,140	1,080	1,940	840	1,445
35-39	1,345	2,290	1,195	2,090	925	1,600
40-44	1,505	1,875	1,330	1,675	1,030	1,300
45-49	1,645	2,045	1,470	1,845	1,140	1,435
50-54	2,000	2,220	1,800	2,020	1,400	1,575
55-59	2,532	2,532	2,321	2,321	1,812	1,812
60-64	3,493	3,293	3,230	3,030	2,705	2,505
65-69	7,213	6,291	6,950	6,027	6,425	5,500
70-74	Please contact IMG or your agent for premium information concerning this age bracket					
Modal Payment Factors *** Annual 1.00 Semi Annual .55 Quarterly .28						

***For semi-annual and quarterly payment modes, IMG will only accept valid Visa, MasterCard or American Express credit cards on a pre-authorized basis prior to the expiration date. Your credit card will be debited automatically on the due date(s) of your future premium installment(s).

Note: Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, and choosing the quarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium.

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Rates are valid through 12/31/03

06/03

Please see reverse side for the \$2,500, \$5,000 and \$10,000 deductible options

GLOBAL MEDICAL INSURANCESM

New Business Rates through 12/31/2003 (Includes 2 ½% surplus lines tax)



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ANNUAL PREMIUMS

(more deductible options can be found on the back of this page)

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	US\$2,500		US\$5,000		US\$10,000	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 Free* Then 260		First 2 Free* Then 250		First 2 Free* Then 220	
10-18**	280	280	270	270	240	240
*The first two Dependent Children between the ages of 14 days to 9 years are free only when both parents or guardians are insured under the Global Medical Insurance plan. **Dependent child rates are only available when at least one parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19-24 rates.						
19-24	635	1,010	520	830	410	650
25-29	700	1,115	575	910	450	710
30-34	745	1,280	610	1,050	480	820
35-39	820	1,415	670	1,135	525	890
40-44	915	1,155	745	945	590	740
45-49	1,010	1,270	825	980	650	770
50-54	1,275	1,430	1,045	1,170	820	920
55-59	1,644	1,644	1,345	1,345	1,050	1,050
60-64	2,469	2,284	2,048	1,812	1,681	1,497
65-69	4,996	4,514	4,334	3,902	3,572	3,217
70-74	Please contact IMG or your agent for premium information concerning this age bracket					
Modal Payment Factors *** Annual 1.00 Semi Annual .55 Quarterly .28						

***For semi-annual and quarterly payment modes, IMG will only accept valid Visa, MasterCard or American Express credit cards on a pre-authorized basis prior to the expiration date. Your credit card will be debited automatically on the due date(s) of your future premium installment(s).

Note: Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, and choosing the quarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium.

Please see reverse side for the \$250, \$500 and \$1,000 deductible options

GLOBAL MEDICAL INSURANCESM



Underwritten by Sirius International Insurance Corporation (publ) (the "Company")
Distributed, managed and administered, as agent for and on behalf
of the Company, by International Medical Group®, Inc. ("IMG®")

Important Information

Global Medical Insurance is designed for U.S. citizens residing outside the United States and for other international citizens. The plan provides worldwide health coverage, including within the U.S., at your choice of provider. Please note the risks and subjects of insurance under this plan are not intended or considered by the Company or IMG to be resident, located, or to be performed in any particular State of the United States, and special

eligibility requirements apply. Also, this insurance is not subject to certain portability, access, renewal or other requirements of the Health Insurance Portability and Accountability Act of 1996. Please read and review all of the eligibility requirements, coverage conditions, and pre-existing condition exclusions carefully before purchasing coverage. Marketing brochures and certificate wordings containing complete terms of coverage are available upon request. Please contact IMG or your independent insurance agent/broker for details.

Directions for Completing the Application

[Failure to provide legible and complete information may delay processing of your Application.]

1. In Section 1, print or type your name and the names of all other family members applying for coverage as you want them to appear on your identification card(s). Also, please provide the complete address of your residence outside the U.S., and any mail forwarding address.
2. All Applications must be fully completed, signed and dated to be considered. If any questions are answered "YES" in Section 3, you must identify the family member(s) to whom the "Yes" answer applies, and include the name, address and telephone number of the attending physician(s), diagnosis, all treatment dates, type(s) of treatment, prognosis, and present course of treatment. (Please use the space provided in Section 7, entitled "Medical Information," to provide this information. Please attach additional pages as necessary).
3. **U.S. Citizens:** If you or any family member applying for coverage are located in the U.S. on the date of this application, the effective date of this insurance, if issued, will be the later of:

- a) The effective date requested on the application; or b) The date the insured person departs the U.S.; or c) The date the application is accepted by IMG and a certificate of insurance issued.

Non-U.S. Citizens: If you or any family member applying for coverage are located in the U.S. on the date of this application and do not plan to depart the U.S., an affidavit of eligibility must be completed. Your insurance agent/broker can assist you in this regard. A new affidavit of eligibility will be required at each renewal.

4. Annual premiums may be paid by check or money order, or by Visa, MasterCard, or American Express credit cards. IMG will not accept checks or money orders for semi-annual or quarterly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s), and result in total payments of 110% and 112%, respectively, of the annual premium. An optional \$25 fee may be paid in addition to the premium to have your insurance certificate express mailed to you after approval.

SECTION 1.

Please complete for all Family Members applying for coverage

NAME Please print your name below as you would like it to appear on your Insurance ID card	HEIGHT	WEIGHT	DATE OF BIRTH Mo./day/yr.	COUNTRY OF CITIZENSHIP	PASSPORT OR SOCIAL SECURITY NUMBER
A. APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
B. SPOUSE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
C. FIRST CHILD (BELOW AGE 19) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
D. SECOND CHILD (BELOW AGE 19) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
E. THIRD CHILD (BELOW AGE 19) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					

U.S. CITIZENS PLEASE COMPLETE THIS AREA ADDRESS OF RESIDENCE OUTSIDE THE U.S.	NON-U.S. CITIZENS PLEASE COMPLETE THIS AREA ADDRESS OF RESIDENCE OUTSIDE THE U.S.
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE, COUNTRY, POSTAL CODE	STATE, COUNTRY, POSTAL CODE
TELEPHONE	TELEPHONE
FAX	FAX
EMAIL	EMAIL
DATE YOU DID (OR WILL) DEPART FROM THE UNITED STATES	NOTE: IF THE ABOVE ADDRESS IS NOT COMPLETED, AN AFFIDAVIT OF ELIGIBILITY FORM MUST BE COMPLETED.
IS YOUR EXPECTED LENGTH OF RESIDENCE OUTSIDE THE U.S. AT LEAST 6 OF THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAIL FORWARDING ADDRESS IF DIFFERENT FROM ABOVE	MAIL FORWARDING ADDRESS IF DIFFERENT FROM ABOVE
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE, COUNTRY, POSTAL CODE	STATE, COUNTRY, POSTAL CODE
TELEPHONE	TELEPHONE
FAX	FAX
EMAIL	EMAIL

SECTION 2.

Please answer all questions for the Applicant and for each Family Member applying for coverage

		FAMILY MEMBER (USE LETTERS FROM SECTION 1)
1. Are you or any other applicant currently disabled, pregnant, or unable to perform normal activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Are you or any other applicant presently hospitalized, or scheduled for or in need of hospitalization or surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Have you or any other applicant ever tested positive for, been diagnosed with, or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Lymphadenopathy Syndrome, Human Immunodeficiency Virus (HIV) or any other Immune System Disorder?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Have you or any other applicant ever had, been recommended to have, or are you currently on a waiting list for any organ transplant (other than corneal)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If any individual answered YES to any of the above four questions, they do not qualify for this insurance. Thank you for your interest.		
5. Have you or any other applicant been diagnosed with or treated for any type of cancer or pre-cancerous condition during the past five (5) years? If yes, please complete Section 7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. If a non-U.S. citizen, have you or any other applicant resided continuously in the U.S. for the last five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If any individual answered YES to either of the above two questions, they may not qualify for this insurance.		

SECTION 3.

Questions 1 - 20, below must be answered for the applicant and every family member included on this Application. For any question answered "YES," please identify the family member to whom the answer applies (use the letter that corresponds to the family member from Section 1), and provide complete details of the medical condition at issue in the space provided in Section 7 of this Application, including the name, address and telephone number of all attending physician(s), diagnoses, all treatment dates, type(s) of treatment, prognosis, and present course of treatment. IMG reserves the right to request additional medical information.

		FAMILY MEMBER (USE LETTERS FROM SECTION 1)
1. During the last twelve (12) months, have you or any family member applying for coverage experienced manifestation or symptoms of, been diagnosed with, or received any consultation, examination, testing or treatment (including medications) for, any medical, health, mental, physical or nervous condition? If yes, please complete Section 7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Have you or any family member applying for coverage ever been rejected, cancelled, rated or declined for coverage under any health, life or disability insurance policy? If yes, please explain in Section 7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you or any family member applying for coverage ever experienced manifestation or symptoms of, suffered from, sought consultation, examination, testing or been treated for, or been diagnosed with, any disease, condition, illness, medical problem, disorder, sickness or other problem arising from, involving, or relating to any of the following:		
3. Heart, cardiac, cardiovascular and/or circulatory, including, but not limited to: congestive heart failure, heart attack, angina, chest pain, arteriosclerosis, atherosclerosis, elevated blood pressure, hypertension, swelling of feet/ankles, thrombosis, phlebitis, rheumatic fever, or heart murmur?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Blood, blood vessels, arteries, veins or disorders of the blood, including, but not limited to: anemia, hemophilia, leukemia, hepatitis, lymph glands, or high cholesterol?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3. (continued)

<p>5. Diabetes, hyperglycemia or hypoglycemia? If Yes to diabetes, please complete the following: a) Diabetic Type: I ___ or II ___ b) Date diagnosed: _____ c) Controlled by diet only? Yes ___ No ___ d) Medications (Types and Dosage) _____ e) Date of most recent HbA1c Test? _____ f) Results of HbA1c Test (1 - 10) _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>6. Cancer, tumor, cyst, polyp, melanoma, Kaposi's sarcoma, cell disorder, shingles, lump or growth of any kind?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>7. Liver, Pancreas, Gall Bladder or endocrine disorders including, but not limited to: pituitary, thyroid or metabolic disorders, or obesity?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>8. Kidney, urinary tract functions, kidney or bladder stones or infections?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>9. Respiratory system including, but not limited to: tuberculosis, lung disorders, emphysema, chronic cough, bronchitis, bronchial asthma, pleurisy pneumonia?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>10. Mental and nervous system disorders including, but not limited to: psychosis, mental or behavioral disorders, chemical or drug abuse or dependency, alcoholism, psychiatric counseling and/or support groups, depression, anxiety, chronic fatigue, or eating disorders?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>11. Neurological disorders, including but not limited to: multiple sclerosis (MS), muscular dystrophy, Lou Gehrig's disease (ALS), Parkinson's disease, paralysis, epilepsy, convulsions, seizures, migraines, chronic headaches, stroke, or transient cerebral ischemic attacks?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>12. Muscular, skeletal, spine, bone, or joint, including but not limited to: scoliosis, disc disease, vertebrae, or any other back condition, rheumatism, arthritis, gout, tendonitis, osteoporosis or inflammation?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>13. For female applicants, miscarriage, complicated pregnancy or delivery, or infertility consultation, advice, diagnosis or treatment?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>14. Congenital, genetic or hereditary condition or defect including, but not limited to: mental retardation, Down Syndrome, or other chromosome disorder, physical disorder, deformity or defect?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>15. Digestive system, stomach, or intestines, including, but not limited to: esophageal regurgitation, gastritis, ulcers, colon, or rectum disorders?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>16. Reproductive systems, including but not limited to: prostate or elevated PSA level, vaginal bleeding, fibroids, nodules or breast cysts, fallopian tubes, ovaries or uterus?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>17. Eyes, ears, nose, mouth, throat or jaw, including, but not limited to: cataracts, glaucoma, nasal septum deviation, chronic sinusitis, or TMJ?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>18. Any other disease, medical problem, illness, injury or condition of any kind not listed?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>19. Do you or any family member applying for coverage currently use or during the past five years have you used tobacco in any form?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>20. Have you or any family member applying for coverage ever applied or purchased insurance through IMG? (If yes, please provide certificate number and details.)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

SUBSCRIPTION I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for Global Medical InsuranceSM 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).

ACKNOWLEDGEMENT I (we) understand and agree that: (i) marketing brochures and certificate wordings are available prior to

(continued on next page)

SECTION 3. (continued)

application upon request, (ii) the insurance agent/broker assigned to or assisting with this Application is the representative of applicant(s), (iii) any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that existed on or at any time prior to the effective date of coverage, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed or treated prior to the effective date or disclosed herein (a "pre-existing condition"), will be excluded from coverage for two years from the effective date, and thereafter will be limited to \$50,000 lifetime per person, with a maximum of \$5,000 per person per annual coverage period, (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 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 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 request-

ed 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 not experienced manifestation or symptoms of and do not suffer from any pre-existing condition which I (we) foresee may require treatment in the future or for which I (we) intend to claim under this insurance, and (iv) 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.

SATISFACTION GUARANTY/REVIEW PERIOD It is understood I (we) will have 15 days from the effective date to review the insurance Certificate and all benefits, terms, conditions, limitations and exclusions of coverage. If not completely satisfied, I (we) may cancel this insurance by written request retroactive to the effective date and receive a full refund of premium.

Signature of Applicant, Guardian or Proxy	Date (Mo/Day/Yr.)	Signature of Spouse	Date (Mo/Day/Yr.)
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GLOBAL TERM LIFE INSURANCESM
GLOBAL DAILY INDEMNITYSM



To apply, simply complete Section 4 of this Application.

Underwritten by Certain Underwriters at Lloyd's, London. Distributed, managed and administered, as agent for said Underwriters, by International Medical Group®, Inc. ("IMG®"). Global Term Life Insurance and Global Daily Indemnity are only available at the time of application for, and with the purchase of, Global Medical InsuranceSM.

SECTION 4.

Please indicate the name of each Family Member applying for Global Term Life Insurance and/or Global Daily Indemnity

NAME	BASIC LIFE	SUPPLEMENTAL LIFE	DAILY INDEMNITY
A. APPLICANT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. SPOUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. FIRST CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOT AVAILABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. SECOND CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
E. THIRD CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

(continued on next page)

SECTION 4. (continued)

FOR EACH INDIVIDUAL APPLYING FOR LIFE INSURANCE, PLEASE INDICATE:		% OF DEATH BENEFIT
APPLICANT A		
PRIMARY BENEFICIARY NAME	RELATIONSHIP	%
ADDRESS OF BENEFICIARY	PHONE #	
APPLICANT B		
PRIMARY BENEFICIARY NAME	RELATIONSHIP	%
ADDRESS OF BENEFICIARY	PHONE #	
APPLICANT C		
PRIMARY BENEFICIARY NAME	RELATIONSHIP	%
ADDRESS OF BENEFICIARY	PHONE #	
APPLICANT D		
PRIMARY BENEFICIARY NAME	RELATIONSHIP	%
ADDRESS OF BENEFICIARY	PHONE #	
APPLICANT E		
PRIMARY BENEFICIARY NAME	RELATIONSHIP	%
ADDRESS OF BENEFICIARY	PHONE #	
APPLICANT F		
PRIMARY BENEFICIARY NAME	RELATIONSHIP	%
ADDRESS OF BENEFICIARY	PHONE #	

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.

x _____ (initial here) x _____ (initial here) x _____ (initial here)
 Applicant Spouse For Covered Children

If accepted for the Global Medical InsuranceSM plan, I (we) understand that I (we) may qualify for Global Term Life Insurance and/or Global Daily Indemnity underwritten by Certain Underwriters at Lloyd's, London. I (we) do hereby apply to the Global Life Insurance Services Group Insurance Trust, Bank of Bermuda, Hamilton, Bermuda, for Global Term Life Insurance and/or Global Daily Indemnity, 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. If I (we) have also applied for the optional Global Daily Indemnity plan, I (we) understand that only overnight hospital stays eligible under my (our) Global Medical Insurance plan, excluding pregnancies, are covered. I (we) also understand: (i) there is an additional premium for Global Daily Indemnity, (ii) that in the event IMG does not accept this Application, its sole obligation is to return the premium to me (us), (iii) that the death benefit will be determined by my (our) age at the time of my (our) death, and (iv) that the Master Policy for Global Term Life Insurance and Global Daily Indemnity is issued in Bermuda and is governed by its laws.

Signature of Applicant or Guardian	Date (Mo/Day/Yr.)	Signature of Spouse	Date (Mo/Day/Yr.)
_____	_____	_____	_____

SECTION 6.

Renewal Contact Information

Please specify the best way to contact you at renewal:

Mail (please provide address) _____

Fax (please provide fax number) _____

Please provide an e-mail address, if available, to contact you for questions at time of renewal _____

SECTION 7.

Medical Information/Prior Insurance

For any question answered "YES" in Section 3, please identify each Family Member for whom the answer applies (using the corresponding letter(s) from Section 1), and provide complete details of the medical condition at issue, including the name, address and telephone number of the attending physician(s), hospital(s), clinic(s) and all other health care providers involved, diagnosis, all treatment dates, type(s) of treatment, prognosis, and present course of treatment. Please attach additional pages as necessary. IMG reserves the right to request additional medical information prior to acceptance of Application.

Family Member (use letters from Section 1)	Condition(s)/Diagnosis, Prognosis, Past and Present Course of Treatment(s)	Physician/Hospital/Clinic/ Health Care Provider Name(s), Address & Telephone	Date(s) of Treatment

If any family member applying for coverage has ever been rejected, cancelled, rated or declined for coverage under any health, life or disability insurance policy (see Section 3, Question 2), please explain below.

(attach additional pages as necessary)

SECTION 8.

Insurance Agent/Broker Use Only

IMG Producer/Agent Number #: 11282	Agent/Broker Name:
Company Name: New York International Group, Inc.	
Address: 1328 Broadway, Suite 524 PMB 198	City, State, Zip : New York, New York 10001
Phone: (212) 268-8520 or (800) 804-5763	Fax: (212) 268-8524
E-Mail Address:	
Agent/Broker Signature X	
GA #:	

Please mail or fax this application to:	New York International Group, Inc.
Address change information or additional contact information should also be directed to this contact information.	1328 Broadway suite 524 PMB 198, New York, New York 10001
	(212) 268-8520 or (800) 804-5763
	Fax (212) 268-8524 www.nyig.com