



Plan Administrator

International Medical Group®, Inc.

P.O. Box 88509

Indianapolis, IN 46208-0809 USA

For marketing questions, please call 1.866.368.3724

For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500

Fax: 1.317.655.4505

Email: insurance@imglobal.com

www.imglobal.com

As the Plan Administrator for Student Health AdvantageSM, IMG acts as the authorized agent for and on behalf of Sirius International.



Plan Underwriter

Student Health Advantage is underwritten by Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and

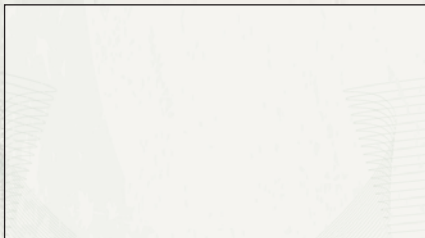
A- by Standard & Poor's (at the time of printing).

Sirius International is a White Mountains Re company.

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Producer Contact Information



Student Health AdvantageSM

Long-term, worldwide medical insurance for groups of two or more international students



The Secure, Reliable Academic Health Insurance You Demand

As an international scholar, the thrill of studying outside of your home country is extraordinary. Your new surroundings are amazing and you're involved in new and exciting experiences. You're seeing and visiting places for the first time, while receiving the benefits of a long-term education.

Caught up in all the excitement, you may not think about the chance that you or a member of your group may fall ill or become injured during your studies. But what if this did happen? Without warning, your experience can quickly become unpleasant and frightening if you're not prepared for a medical emergency. As a global student, assurance and peace of mind are a priority when you study abroad.

Your educational adventure should be enjoyable and gratifying. Maintaining the ability to be flexible and responsive, International Medical Group® (IMG®) has developed Student Health AdvantageSM, an international health care plan designed to specifically meet the needs of international students involved in long-term educational programs. The plan offers a complete package of international benefits available 24 hours a day, providing you and your group Coverage Without Boundaries®. After all, you are global. Your health insurance and peace of mind should be too.

Student Health AdvantageSM



- Meets student visa requirements
- Coverage for group members and dependents
- Maternity coverage after 10 months
- Mental health coverage
- Organized sports
- International emergency care
- Pre-existing coverage after 12 months

The Strength of an Experienced Plan Administrator

IMG is a worldwide leader in designing, distributing and administering global health care benefits. Since 1990, we have built a solid reputation by providing medical security to hundreds of thousands of individuals and families in more than 170 countries.



IMG's World Headquarters
Indianapolis, Indiana

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

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 tens of thousands of claims each year from all over 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.

Access to worldwide
quality health care
and IMG's superior
customer service

Schedule of Benefits

(All amounts are in U.S. dollars. URC - Usual, Reasonable, Customary)

Plan Information

Lifetime Maximum

Student	\$500,000
Dependent	\$50,000

Per Illness/Injury Maximum

Student	\$300,000
Each eligible dependent	\$50,000

Deductible

\$100 per Illness/Injury
\$50 per Illness/Injury if Treatment received in Student Health Center

Coinsurance

Charges incurred outside the U.S.	100% of eligible expenses
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Charges incurred within the U.S.

In PPO network or Student Health Center	100% of eligible expenses
Out of PPO network	80% of the first \$5000 of eligible charges, then 100% thereafter

Medical Benefits

Hospital Room & Board	Average semi-private room
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Intensive Care	URC
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Maternity	URC following 10 month waiting period up to policy maximum
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Routine Nursery Care	\$750 maximum per period of coverage
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Emergency Room

Injury	URC
Illness resulting in hospitalization	URC
No hospitalization	Subject to additional \$250 deductible

Mental Health (*Treatment at Student Health Center is not eligible*)

Outpatient	\$50 per day \$500 lifetime maximum
Inpatient	URC to \$10,000 lifetime maximum

Medical Benefits Continued

Prescription Drugs

Inpatient	URC
Outpatient	50% of actual charges

Physical Therapy

URC – limit once per day

Local Ambulance

Per Injury	Up to \$350
Per Illness only if admitted Inpatient	Up to \$350

Dental

Injury due to covered Accident	\$500
Sudden & Unexpected Pain	\$350

All Other Eligible Medical Expenses

URC

International Emergency Care

Emergency Medical Evacuation	Up to maximum limit per Illness/Injury
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Emergency Reunion	\$2,500 lifetime maximum
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Return of Mortal Remains	\$25,000 maximum
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Political Evacuation	Up to \$10,000 lifetime maximum
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Additional Benefits

Intercollegiate/Interscholastic/Intramural or Club Sports	\$5000 per Injury/Illness Medical Expenses only
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Pre-existing Conditions	After 12 months of continuous coverage
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Terrorism Coverage	Up to \$50,000 lifetime maximum
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AD&D

Student	\$25,000
Dependent Spouse	\$10,000
Dependent Child	\$5,000
Dismemberment Levels	Scheduled

Benefit Period	60 days
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Student Health Advantage Monthly Rates

All premium rates are in U.S. dollars and are effective through 11/1/08. Rates include 2.5% surplus lines tax. A dependent child is your child shown on the Application Form over 14 days and under 19 years of age, traveling with the group as a dependent of a group member, and for whom premium has been paid.

U.S. Citizens

Age	Student	Spouse	Dep. Child
Under 19	\$46	\$260	\$54
19-23	\$51	\$260	\$54
24-30	\$67	\$285	\$54
31-40	\$102	\$380	\$54
41-50	\$165	\$390	\$54
51-64	\$220	\$380	\$54

Non-U.S. Citizens

Age	Student	Spouse	Dep. Child
Under 19	\$58	\$300	\$71
19-23	\$77	\$300	\$71
24-30	\$89	\$330	\$71
31-40	\$160	\$440	\$71
41-50	\$262	\$455	\$71
51-64	\$349	\$440	\$71



Description of Benefits (All amounts are in U.S. dollars)

Pre-existing Conditions:

After 12 months of continuous coverage, the plan provides benefits for pre-existing conditions.

Maternity:

Subject to a waiting period for the first 10 months of coverage, the plan provides coverage for maternity the same as any illness. Routine nursery care of newborns is also subject to the maximum limit.

Intercollegiate / Interscholastic / Intramural or Club Sports:

The plan provides coverage for injuries or illnesses sustained while participating in intercollegiate, interscholastic, intramural or club sports.

Mental Health:

The plan provides coverage for mental health disorders. Outpatient treatment is covered up to \$50 per day to the lifetime maximum. Usual, reasonable and customary charges are covered for inpatient treatment up to the lifetime maximum. Student Health Center charges are not eligible for coverage.



Dental:

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

Sudden dental pain - the plan will pay for the necessary treatment of sudden, unexpected pain to sound natural teeth.

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) \$250 deductible if treatment does not require admittance to the hospital.

Emergency Medical Evacuation, Emergency Reunion and Return of Mortal Remains:

1. All Conditions and Exclusions apply to these coverages.
2. All Emergency Medical Evacuation, Emergency Reunion and Return of Mortal Remains expenses, including all costs arising from trips outside the country where the incident which gave rise to the claim occurred, must be approved and coordinated in advance by IMG to be eligible for coverage.



Emergency Medical Evacuation:

Student Health Advantage includes coverage for emergency medical evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to the Policy Limit.

Emergency Reunion:

Student Health Advantage provides emergency reunion coverage for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured. The coverage also includes a round trip air ticket for a relative if the member is hospitalized for seven days or longer.

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.

Political Evacuation:

If the United States Department of State, Bureau of Consular Affairs issues a mandatory evacuation order of the host country that becomes effective on or after the insured person's date of arrival in the host country, the Company will pay up to \$10,000 lifetime maximum 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 evacuation order;
2. Political Evacuation and Repatriation is approved and coordinated by the Company.

Accidental Death and Dismemberment:

The plan includes a principal sum benefit for Accidental Death and Dismemberment occurring during the Period of Coverage: • Accidental Loss of life - principal sum; • Accidental Loss of two Members - principal sum; • Accidental Loss of one Member - principal sum. "Member" means hand, foot or eye.

Terrorism:

The plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse for eligible medical claims. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

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

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

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to every certificate holder of Student Health Advantage. 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 Student Health Advantage. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

Quality Guarantee

The group's satisfaction is very important to the plan underwriter, and to IMG as the plan administrator. If, for any reason, the sponsoring organization or the group is not pleased with this product, a written request for cancellation and refund of the premium may be submitted. The request must be received by IMG prior to the effective date of coverage.

Conditions of Coverage

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under Student Health Advantage is secondary to any other coverage.
3. Coverage and benefits are for medically necessary and usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage.
6. Claims must be presented to IMG for payment within the Period of Coverage or during the three months immediately following the Period of Coverage.

Eligibility Requirements

The following conditions apply to all persons applying for and/or enrolling in Student Health Advantage:

- The group member must be a full-time student or scholar at a college or university.
- The group member must be residing outside his/her home country for the purpose of pursuing international, educational activities including but not limited to college course work, conducting research or teaching for a temporary period of time.
- Must not have obtained residency status in Host Country.
- Dependents have to be legal dependents, traveling with the group as a dependent of a group member and traveling outside their home country.

Extension of Coverage

If the plan is purchased for a minimum of three months, coverage may be extended up to 12 months from the initial effective date. Provided there is no break in coverage, the plan may be renewed for up to five years.

Enrollment Process

Before the group begins its travel, simply fill out the Application Form and calculate the premium for the time period(s) your group will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG. The group member(s), their spouses and unmarried dependent children (over 14 days and under 19 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the *latest* of the following dates: 1) the date IMG receives the completed Application Form and the appropriate premium; 2) the date the group member departs from his/her country of citizenship; or 3) the date requested on the Application Form.

Student Health Advantage coverage ends on the *earliest* of the following dates: 1) the end of the period for which premium has been paid; 2) the date requested on the Application Form; or 3) the date the group member returns to his/her country of residence.

Fulfillment Kits

IMG processes Application Forms in a quick, timely manner. Once processing is complete, IMG will mail a fulfillment kit for each member of the group to the Sponsor's mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card for each group member, IMG contact numbers, Claim Forms and your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If express mail delivery is required, there is an additional charge listed on the Application Form.*

Claims Procedure

Precertification

Each proposed hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, which means the insured person or their attending physician must call the number listed on the IMG Identification Card prior to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. Precertification is not an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the precertification requirements.



For precertification, emergency evacuation and repatriation, please call: IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

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

Claims Payment

All benefits payable under Student Health Advantage are subject to the provisions described in this brochure and as contained in the Certificate Wording and certificate of coverage. To make claim processing efficient, claims may be paid in two ways.



1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the discretion of IMG, be made either to the Insured Person or directly to the provider.

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

Exclusions

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under Student Health Advantage.

1. Pre-existing Conditions. A pre-existing condition is defined as any Injury, Illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the 12 months prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, 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 expressly provided for in the certificate of insurance.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pre-natal, post-natal, and newborn care, unless related to a Covered Pregnancy, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Expenses in excess of \$5,000 for Injury or Illness sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, wind-surfing and whitewater rafting.
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. Charges, Injuries and/or Illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and Injuries and/or Illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or Illness resulting or arising from 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 under the certificate.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Organ or tissue transplants or related services.
19. Illness or Injury where the trip to the host country is undertaken for treatment or advice for such Illness or Injury, except as expressly provided for in the certificate of insurance.
20. 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 Student Health Advantage benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG 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.



The Impeccable Service You Deserve

MyIMGSM

As a global student, you have an active schedule. Understanding your needs and realizing that time is of the essence, we provide you with effective tools for smooth communication.

As an IMG insured, 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 with MyIMG. Visit www.imglobal.com and login. Some quick, easy features that can help accommodate you while you are on the move include:

- Claim status check
- Obtain certificate documents
- Read announcements
- Get explanation of benefits
- Initiate precertification
- Request ID cards
- Search for physicians within the First Health Network (PPO) and through the International Provider AccessSM (IPA)

Akeso Care Management[®] (ACM[®])



Akeso Care Management is a URAC accredited health care management company that has been specializing in the complete spectrum of International Medical

Management Services since 1996. ACM offers a unique blend of service components and expertise in medical management. 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.



URAC is an independent, nonprofit organization well-known as a leader in promoting health care quality through its accreditation and certification programs, and it is recognized by state and insurance regulators.

Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry.

It is through ACM's qualified staff and the acknowledgement of URAC that utilization of ACM's services allows you to turn a negative medical experience into a very positive one. ACM's coordination of the insured's condition and associated medical care allows the family to focus on the patient, not the coordination of care.

Preferred Provider Organization

You may seek treatment with the hospital or doctor of your choice. You are not required to use a preferred provider network. However, if you need assistance in finding a provider in the U.S., you may use the independent Preferred Provider Organization (PPO). This is a separately organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG*. This 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.

Access to a network of
500,000 physicians and
4,700 privately owned
and operated hospitals

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

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

International Provider Access (IPA)

As another example of our commitment to assisting you and assuring your Global Peace of Mind[®], IMG provides an online International Provider Access database of over 10,000 facilities that can be used to locate health care providers outside the U.S. as needed. You may search by facility, physician, specialty, dentist or location. The database can be easily found at www.imglobal.com and through MyIMG.

(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.)



Student Health Advantage Application

To Enroll - 1. Complete entire Application Form (front and back - please print)
2. Please make check or money order payable to IMG and enclose in envelope with signed Application Form **3.** Mail or fax to: International Medical Group, Inc., P.O. Box 88509, Indianapolis, IN 46208-0509 USA, Fax 1.317.655.4505

Sponsoring Organization _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Contact Name _____
Requested Effective Date _____
Requested Expiration Date _____
Destinations _____

Beneficiaries

In the event of an insured's death, his/her beneficiaries will be as follows:
1) Spouse (if any) - Primary **2)** Children (if any) - First contingent **3)** Estate of the insured - Second contingent

Payment Option Event (single payment)
 Monthly (invoiced monthly *after* first payment)

Payment Method Check (To IMG) Wire Money Order (To IMG)
 MasterCard Visa American Express Discover JCB

Card# _____
Expiration date _____
Name on Card _____
Authorized Signature _____
Cardholder's Daytime Phone _____
Cardholder's Billing Address _____

Sponsor's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Student Health Advantage (Group Insurance) as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized agent and plan administrator, International Medical Group, Inc. (IMG). The Sponsor and all such members understand and agree: **(i)** the insurance applied for is not general health insurance, but is intended for the members' use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, **(ii)** the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, **(iii)** no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and **(iv)** by submission of this application and/or any future claim for benefits, the Sponsor and all group members purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its agent and administrator, and invoke the benefits and protections of Indiana law, and the contract of insurance represented by the Master Policy and evidenced by the Certificate(s) of insurance will

be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which the Sponsor and all group members hereby expressly consent. We consent and agree that Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

2. Acknowledgment. The Sponsor and all group members understand and agree that: **(i)** the insurance agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the Sponsor and such members, **(ii)** the Group Insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage under the insurance, **(iii)** the subjects of insurance applied for are not intended or considered by the Sponsor, the group members, the Company or IMG to be resident, located, or to be performed in any particular state of the United States, and **(iv)** the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

3. Medical Release. The Sponsor and all group members hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health care related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, and employee or benefit plan administrator having information as to any of the group members' care, advice, treatment, evaluation, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and the Company.

4. Certification. The Sponsor and all group members hereby certify, represent and warrant that they have read the foregoing statements and the Group Insurance brochure (or same have been read or provided to such members), and they understand them, and that each group member listed: **(i)** is eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable and **(ii)** is currently in good health and has not been diagnosed with, sought consultation or been treated for, and has not experienced manifestation or symptoms of and does not suffer from any pre-existing or other medical condition which he/she foresees may require treatment during this insurance or for which he/she intends to claim under this insurance. As the representative of the Sponsor and as proxy for each of the group members, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such members. By acceptance of coverage and/or submission of any claim for benefits, each group member ratifies and affirms the authority of the signer and Sponsor to so act and bind the member.

5. Premiums. Sponsor agrees to pay the required insurance premiums to IMG, as agent for the Company, on or before the due date(s). If the premiums are to be paid in installments, a grace period of 10 calendar days will be allowed for IMG's actual receipt of payment of each premium, except the initial installment. If any premiums are unpaid at the end of the grace period, the insurance coverage shall lapse and terminate with respect to any group member for whom such premium is unpaid, effective as of the initial due date of the premium, whereupon the Company's liability shall cease with respect to all charges and/or claims incurred by such member(s) thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor authorizes IMG to charge/debit Sponsor's MasterCard, Visa, American Express, Discover or JCB account for the total amount of premiums due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. In the event Sponsor has chosen to pay premiums on an installment basis, Sponsor hereby pre-authorizes future credit card payment installments for the balance of the period of coverage, and hereby requests and authorizes IMG to charge/debit Sponsor's credit card periodically as and when premium payment installments become due. This authorization will remain in effect until revoked by Sponsor in writing, and until IMG actually receives notice of revocation.

Signature _____

Date _____ Phone _____