



### Plan Administrator

International Medical Group®, Inc.

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[www.imglobal.com](http://www.imglobal.com)

As the Plan Administrator for Patriot Extreme®, IMG acts as  
the authorized agent for and on behalf of  
Sirius International.



**SIRIUS**  
INTERNATIONAL

### Plan Underwriter

Patriot Extreme is a surplus lines product underwritten by  
Sirius International Insurance Corporation (publ), rated A  
(excellent) by A.M. Best and A- by Standard and Poor's (at  
the time of printing). Sirius International is a White  
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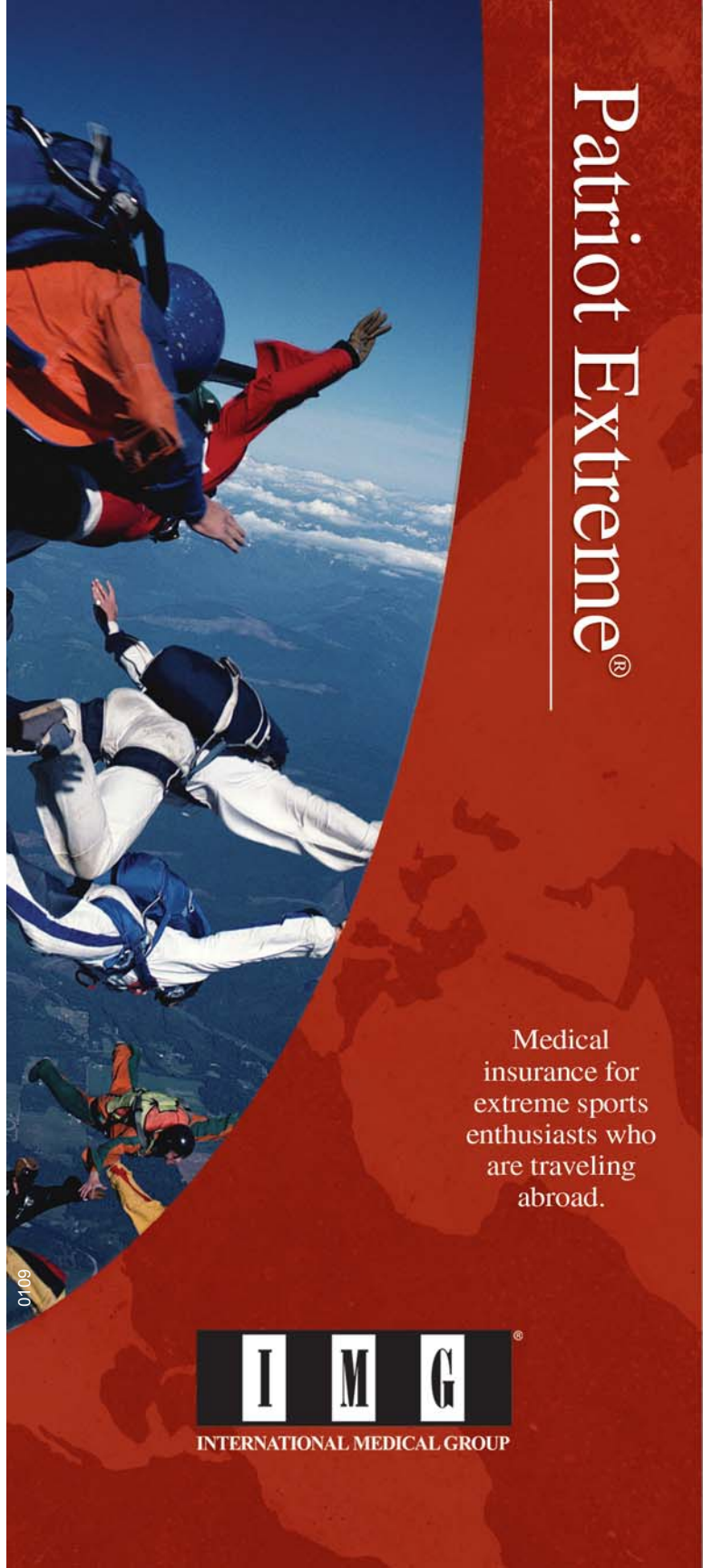
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Patriot Extreme®

Medical  
insurance for  
extreme sports  
enthusiasts who  
are traveling  
abroad.



## Why Consider Travel Insurance?

Are you traveling abroad for an extreme sport activity? If so, you have probably purchased the latest equipment and picked the perfect location. But what would happen if you are injured or become ill during your trip? Do you have medical insurance that covers you in the event that you need treatment in another country?



Will you be covered if you are injured as a result of your sports activity?

Most travelers assume they will be covered by their standard medical plan. In reality, traditional medical plans may offer adequate domestic coverage, but they are not designed for international travel and usually exclude hazardous sports activities.

Could you get quality treatment at a foreign hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby?

There are enough things to worry about when you're traveling. Don't let your medical coverage for a sports activity be one of them. As the managing general underwriter for Sirius International Insurance Corporation (publ) (the "Company"), International Medical Group® (IMG®) has developed two Patriot Extreme® plans to provide you Coverage Without Boundaries® for your extreme sports adventure. Simply select the one that best fits your needs.

## Patriot Extreme International<sup>SM</sup>

**Patriot Extreme International** provides coverage for U.S. citizens traveling outside the U.S. for a minimum of 30 days up to a maximum of six months. Although the Patriot Extreme International plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

## Patriot Extreme America<sup>SM</sup>

**Patriot Extreme America** provides coverage for non-U.S. citizens traveling outside their home country for a minimum of 30 days up to a maximum of six months. Although the Patriot Extreme America plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

## A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the security you need no matter where you are. Our goal is to make the medical process smooth and efficient. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel needs.

How we service and support your needs is what sets us apart. Since 1990, we've served more than a million people around the globe - always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

## MyIMG<sup>SM</sup>

MyIMG is our proprietary online service that lets you access a wealth of information and manage routine areas of your account 24 hours a day, seven days a week, from anywhere in the world. You can check the status of your claims submissions, retrieve explanation of benefits, obtain certificate documents, initiate precertification and access a list of physicians within the Preferred Provider Organization (PPO) as well as through the International Provider Access<sup>SM</sup> (IPA), a database of over 16,000 providers outside the United States!

## Locating a Provider

With the Patriot Extreme plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent PPO, a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG.

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

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

## Akeso Care Management® (ACM®)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, a URAC accredited, on-site specialized division devoted entirely to medical management. ACM's clinical members are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.



## SCHEDULE OF BENEFITS

All coverages, benefits and premium amounts shown in this booklet are in U.S. dollars

### PLAN INFORMATION

Deductible	\$250 per Period of Coverage
Policy Maximum	\$50,000
Coinsurance For treatment received outside the U.S. & Canada	No Coinsurance
For treatment received within the U.S. & Canada:	
In the PPO Network	The plan pays 90% of eligible expenses up to \$5,000, then 100% up to the Policy Maximum
Out of the PPO Network	The plan pays 80% of eligible expenses up to \$5,000, then 100% up to the Policy Maximum

### MEDICAL BENEFITS

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

Hospital Room and Board	Up to Policy Maximum for average semi-private room rate
Intensive Care	Up to Policy Maximum
Medical Expenses	Up to Policy Maximum
Outpatient Medical	Up to Policy Maximum
Local Ambulance	Up to Policy Maximum
Emergency Room Accident	Up to Policy Maximum
Emergency Illness- with in-patient admission	Up to Policy Maximum
Emergency Illness- without in-patient admission	Up to Policy Maximum with additional \$250 deductible
Dental Injury due to accident	Up to Policy Maximum
Sudden dental pain	Up to \$100

*This is a summary of benefits only. Please see pages 9-10 for a list of benefit descriptions.*

## INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator

Emergency Evacuation	Up to Policy Maximum
Emergency Reunion	Up to \$10,000
Return of Mortal Remains	Up to \$15,000
Political Evacuation	Up to \$10,000

### ADDITIONAL BENEFITS

Benefit Period	Three months
Common Carrier Accidental Death	\$50,000 to beneficiary; maximum of \$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for basic and extreme sports
Trip Cancellation	Up to \$5,000
Lost Luggage	Up to \$50 per item; maximum of \$250

### ADDITIONAL BENEFITS FOR U.S. CITIZENS ONLY

Indemnity	Up to \$100 per night
Sudden Recurrence of a Pre-existing Condition	
Medical	Up to \$1,000 of eligible expenses
Emergency Medical Evacuation	Up to \$25,000 of eligible costs and expenses



*This is a summary of benefits only. Please see pages 9-10 for a list of benefit descriptions.*

## PATRIOT EXTREME INTERNATIONAL RATES

Coverage from 30 days to 6 months\*

### ONE MONTH RATES (\$50,000 POLICY MAXIMUM)

Age	One Month
17 or younger	\$54
18 - 39	\$64
40 - 49	\$100

### EACH ADDITIONAL 15 DAYS (\$50,000 POLICY MAXIMUM)

Age	15 days
17 or younger	\$27
18 - 39	\$32
40 - 49	\$50

## PATRIOT EXTREME AMERICA RATES

Coverage from 30 days to 6 months\*

### ONE MONTH RATES (\$50,000 POLICY MAXIMUM)

Age	One Month
17 or younger	\$72
18 - 39	\$94
40 - 49	\$142

### EACH ADDITIONAL 15 DAYS (\$50,000 POLICY MAXIMUM)

Age	One Month
17 or younger	\$36
18 - 39	\$47
40 - 49	\$71

\*Coverage under Patriot Extreme International and Patriot Extreme America must be purchased for a minimum of one month.

All premium rates are effective through 12/31/09. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Enrollment Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.

## UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

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

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

## QUALITY GUARANTEE

Your satisfaction is very important to IMG and the plan underwriter. If you are not pleased with this product for any reason, you may submit a written request, prior to the effective date for cancellation and refund of your premium.

## 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 Patriot Extreme is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, 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 or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

## ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in Patriot Extreme:

- For coverage while participating in any of the covered extreme sports activities, you must be medically and physically fit to engage in such activity and hold the necessary qualifications as approved by the applicable Governing Body or Authority.
- Patriot Extreme is travel insurance for U.S. citizens traveling outside the United States and for non-U.S. citizens traveling outside their home country.

## EXTENSION OF COVERAGE

Patriot Extreme can be rewritten for succeeding or subsequent periods but is not renewable. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

## ENROLLMENT PROCESS & APPLICATION FORM

Please read the important information below prior to completing the Application Form.

### HOW TO ENROLL

Before you begin your trip, simply fill out the following Application Form and calculate the premium for the time period you and your family will be traveling. Once you have completed the Application Form, return it to your agent or mail it to IMG. You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Enrollment Form and for whom premiums have been paid will be covered from the *latest* of the following dates:

1. the date IMG receives your completed Enrollment Form and the appropriate premium;
2. the date you depart from your home country; or
3. the date requested on your Application Form.

Patriot Extreme coverage ends on the *earliest* of the following dates:

1. the end of the period for which premium has been paid;
2. the date requested on your Application Form; or
3. the date you return to your home country.

### ENROLLMENT PROCESSING & FULFILLMENT KIT

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and your insurance certificate providing a complete description of your rights and benefits under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

### ONLINE FULFILLMENT KIT

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



## CLAIMS PROCEDURE

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%. 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. 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 through MyIMG or the Current Clients section of our website, [www.imgglobal.com](http://www.imgglobal.com). Simply look for the Initiate Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 2 business days. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures, or evacuations.

### CLAIM PAYMENT

All benefits payable under Patriot Extreme 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 by check directly to the Insured Person.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be paid 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@imgglobal.com](mailto:insurance@imgglobal.com).

## DESCRIPTION OF BENEFITS

The following is a partial list of benefits and terms that are offered on the Patriot Extreme plans.

### 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.

### DENTAL:

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

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

### SUDDEN RECURRENCE OF A PRE-EXISTING CONDITION:

**(U.S. citizens only)** Up to \$1,000 will be reimbursed for the eligible medical expenses of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 11) while traveling outside of the U.S. In addition, up to \$25,000 will be reimbursed for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a **Pre-existing Condition**.

### INDEMNITY:

**(U.S. citizens only)** Patriot Extreme International will pay directly to you \$100 for each night of a required overnight stay in a hospital. The hospital stay must be covered under this plan in order to receive this benefit.

### BENEFIT PERIOD:

If a covered injury or illness requires continuing treatment after the certificate expires, the 3-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than three months before the certificate expired, benefits for the covered injury or illness will continue subject to the Policy Limits until there have been three months of coverage for the covered injury or illness.

### INTERNATIONAL EMERGENCY CARE

#### POLITICAL EVACUATION:

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

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

#### EMERGENCY EVACUATION:

Patriot Extreme includes coverage for emergency medical evacuation from a medical facility 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:

Patriot Extreme also provides emergency reunion coverage, up to US\$10,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an emergency medical evacuation of the insured person: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.

#### RETURN OF MORTAL REMAINS:

If a covered illness/injury results in death, expenses for repatriation of bodily remains or ashes to the home country will be covered up to a maximum of \$15,000.

*To be eligible for the Evacuation, Reunion and Return benefits, these must be recommended by the attending physician in critical medical situations, and approved in advance and coordinated by IMG.*

#### COMMON CARRIER ACCIDENTAL DEATH:

If accidental death should occur while traveling on a commercial Common Carrier, \$50,000 will be paid to the designated beneficiary, to a maximum of \$250,000 per family.

#### SPORTS AND ACTIVITIES COVERAGE:

Subject to the complete Certificate Terms and Conditions, Patriot Extreme covers injuries incurred during non-contact amateur athletic activities and the following activities: *abseiling, BMX, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, kayaking, inline skating, mountain biking, mountaineering (ropes and guides to 4500m from ground level), paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, spelunking, whitewater rafting (to Class V)*. These extreme activities must be engaged in solely for leisure, recreation or entertainment purposes. Activities may be organized and include scheduled practices, games, and/or competitions.

Activities not covered include contact sports, professional sports and any athletic activities that are organized and/or sanctioned by the National Collegiate Athletic Association (or any other collegiate sanctioning body) or the International Olympic Committee.

#### TRIP CANCELLATION:

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

#### LOST LUGGAGE:

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

## EXCLUSIONS

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

1. **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 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 known, diagnosed, treated, or disclosed.
2. **Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
3. **War, military action, terrorism**, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as provided for herein.
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. **Pregnancy, childbirth, birth control**, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. **Injury sustained while participating** in professional sports or any athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (or any collegiate governing body) or the International Olympic Committee.
9. **Injury sustained while participating** in contact sports of any kind as well as the following: mountaineering or climbing above 4500 meters from ground level and without the proper use of ropes and guides; scuba diving below 50 meters; whitewater rafting above Class V; BASE jumping; luge; motocross or Moto-X; racing by horse, motor vehicle of any type, or motorcycle; rodeo; ski jumping; and any Extreme Sport not listed as covered on page 10.
10. **Vision or hearing tests** and the provision of visual or hearing aids.
11. **Vocational, recreational**, speech or music therapy.
12. **Treatment while confined** primarily to receive custodial care, educational or rehabilitative care, or nursing services.
13. **Charges, injuries and/or illnesses** resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
14. **Treatment for, and injuries** and/or illnesses resulting or arising from, substance abuse or drug addiction.
15. **Injury and/or illness** resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating of any type of vehicle after consuming any alcohol or drugs.
16. **Willful self-inflicted** injury or illness, and injury due to reckless endangerment or needless peril.
17. **Treatment required** as a result of or arising from complications from a treatment or condition not covered hereunder.
18. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
- 11.

19. **Treatment for mental** and nervous disorders.
20. **Organ or tissue transplants** or related services.
21. **Illness or injury where** the trip to the host country is undertaken for treatment or advice for such illness or injury, except as provided for herein.
22. **Treatment incurred as a** result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

*This brochure contains only a consolidated and summary description of all current Patriot Extreme 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. The Company reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.*

## IMG IS YOUR COMPLETE SOURCE FOR INTERNATIONAL MEDICAL COVERAGE

### Short-term Travel Plans:

Patriot Travel Medical Insurance®  
Patriot Group Travel Medical Insurance®  
Patriot Executive®, Patriot Executive Group  
Patriot Exchange Program<sup>SM</sup>  
Patriot Group Exchange Program<sup>SM</sup>

### Long-term Travel Plans:

Global Medical Insurance®

### Employer Plans:

GEO<sup>SM</sup> Group  
Global Educators Medical (GEM<sup>SM</sup>)

### Mission Plans:

Global Mission Medical Insurance<sup>SM</sup>  
Outreach Travel Medical Insurance<sup>SM</sup>  
MP+International®

### Marine Plans:

Global Crew Medical Insurance®  
International Marine Medical Insurance<sup>SM</sup>

### Specialty Plans:

Patriot Extreme®, Sky Rescue<sup>SM</sup>  
Student Health Advantage<sup>SM</sup>

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

Patriot T.R.I.P.®, Patriot T.R.I.P. Lite,  
Patriot T.R.I.P. Student, Patriot T.R.I.P. Elite

## PROTECTING YOUR TRAVEL INVESTMENT



You can spend a great deal of time planning your trip and it is exciting getting everything ready. But what would happen if the airline you selected should go out of business or you're prevented from taking your trip? Your hard-earned payments could be lost. To help protect you from losing the money you've spent to travel, IMG works with iTravelInsured® (iTI®) to bring you the Patriot T.R.I.P. Lite program.

### PATRIOT T.R.I.P. LITE

This iTI program is designed to provide peace of mind so you can enjoy your travels. The benefits are outlined below and program cost information can be found on the back of the Application Form.

#### SCHEDULE OF BENEFITS

Trip cancellation	Trip cost up to \$20,000
Travel delay	\$500 (\$100 per day after 24 hours or up to \$500 for missed connection)
Baggage delay	\$100

**Trip Cancellation** - Provides coverage for the loss of non-refundable, unused payments when a trip is cancelled prior to departure due to: emergency illness, injury or death to you, a family member or travel companion; financial default; a terrorist incident; jury duty; home made uninhabitable by fire, wind, storm, flood, or vandalism; quarantine; auto accident on way to airport; job termination; cancelled leave for active duty military, police or fire fighters.

**Travel Delay** - Reimburses you up to \$100 per day for reasonable additional accommodations and traveling expenses, not otherwise paid by a travel supplier or common carrier, when your trip is delayed for more than 24 hours caused by: travel supplier delay, lost or stolen passport, medical quarantine, natural disaster, or emergency illness or injury to you or a travel companion.

**Baggage Delay** - Reimburses you for the costs you incur to buy reasonable additional clothing and essential personal items when your checked baggage is delayed by a common carrier for more than 24 hours from the actual time of arrival at a destination.

#### NSBTHA

When you purchase a Patriot T.R.I.P. Lite program you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters that affect travel. Information about NSBTHA is available at [www.NSBTHA.org](http://www.NSBTHA.org).

Certificate Form No. iTI100-11

## T.R.I.P. LITE EXCLUSIONS

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition, except as waived by Us under the terms of the Policy.
2. War or any act of war (whether declared or undeclared), civil disturbance, riot or insurrection.
3. Serving in one of the armed forces of any country or international authority.
4. Operating, learning to operate, piloting or riding in or on any aircraft or flying device, other than riding as a passenger in a licensed commercial aircraft.
5. Suicide or attempted suicide, while sane; intentionally self-inflicted Injury or Illness.
6. Being under the influence of any intoxicant, drug or narcotic unless prescribed by a Physician.
7. Training, practicing or participating in any motor sport or motor racing.
8. Parachuting, hang gliding, parasailing, hot air ballooning, scuba diving below 135 feet or any type of scuba diving without the proper diving training and certification from a professional organization, rock or mountain climbing, or hunting.
9. Pregnancy or childbirth when You are expected to give birth within two months from the date of a Covered Trip or an elective abortion.
10. Traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
11. Taking part in any scheduled athletic event or competition.
12. Any emotional, psychological, mental or nervous disorder.
13. Any potentially fatal condition which was diagnosed before the date Your coverage became effective, or any condition for which You are traveling to seek treatment.
14. Dental treatment due to normal wear and tear or the normal maintenance of dental health.

## T.R.I.P. LITE PRE-EXISTING CONDITIONS

The Pre-Existing Condition exclusion is waived if coverage is purchased within 14 days after the date your initial payment for the covered trip was paid to the travel supplier. Insureds also must be medically able to travel on the date coverage is purchased.

If the Pre-Existing Condition exclusion is not waived, your pre-existing condition might still be covered if the answer to all of the following questions is "no." 1. Were you treated for a new illness in the last 60 days? 2. Has your condition worsened or required medical attention in the past 60 days? 3. Have you received any new medications in the past 60 days or have any of your current dosages been changed?

*This is a summary of the principal provisions of the master policy offered through NSBTHA for its members. It is not considered to be a contract of insurance. Coverage may vary by state and may not be available in all states. For more information regarding the exclusions and all other terms and conditions of Patriot T.R.I.P. Lite, please see the certificate wording for your state which is available upon request.*

*This brochure is not intended to be an offer to sell Patriot T.R.I.P. Lite or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.*

*Insurance products are underwritten and offered where available by Delos Insurance Company, New York, NY 10036.*

**Applicant information: Patriot Extreme®** Please print legibly and complete ALL SECTIONS of this application.

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Government Issued ID Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Home Country \_\_\_\_\_

**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**

List all recreational and/or extreme sports activities planned for the requested period of coverage (Note: only certain designated extreme sports are covered under this insurance plan. Please see page 10.) \_\_\_\_\_

**Send Confirmation of Coverage and Fulfillment Kit to:**  I will use the Online Fulfillment Kit Option (see page 7 for details)

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

If the address above is in Florida, is the applicant currently located in Florida?  Yes  No  
(Determines applicable surplus lines tax and will not affect coverage)

**Select the coverage plan. (Check one plan):**

Patriot Extreme America for non-U.S. citizens  Patriot Extreme International for U.S. citizens

**Requested Effective Date** month / day / year **Requested Effective Date** month / day / year  
(see How to Enroll section): \_\_\_\_/\_\_\_\_/\_\_\_\_ (see How to Enroll section): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_

Names of Persons to be insured:	Date of Birth (month/day/year) REQUIRED	Monthly Premium See page 5	Additional 15 Day Premium
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Applicant _____	____/____/____	_____	_____
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Spouse _____	____/____/____	_____	_____
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Child _____	____/____/____	_____	_____
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Child _____	____/____/____	_____	_____
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Please attach additional sheet for more children

**Total (A)**

**Total (B)**

<b>(A)</b> Monthly premium total (from Total (A) previous pg.) _____	
Number of months travel coverage _____	x _____
	= _____
<b>(B)</b> 15 day premium total (from Total (B) previous pg.) _____	+ _____
	= _____
<b>(C)</b>	
<b>(C) Enter in the space below</b>	
<b>Patriot T.R.I.P. Lite</b> - To purchase please complete the following calculation:	
_____ ÷ 100 = _____ X 4.52 = _____	<b>(D)</b>
Total cost _____ of trip for all travelers ( <i>minimum \$500</i> )	
<b>Enter (D) in the space below</b>	
<b>(C) Enter the amount from C</b> _____	
<b>(D) Enter the amount from D</b> _____	
<b>\$20 optional express mail</b> _____	
<b>TOTAL AMOUNT DUE</b> = _____	

<b>IMG Producer Use Only</b>	
Producer#	186284
GA#	_____
Name	International Services Inc.
Address	#756, 1655 N. Fort Myer Drive - Ste 700 Arlington
City, State, Zip	VA 22209
Phone:	877-593-5403

**SUBSCRIPTION** I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, for Patriot Extreme insurance coverage as offered by the Company on the date of its receipt hereof. I (we) understand and agree that: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) coverage under Patriot Extreme is not renewable, (iii) no coverage will be effective until this Application has been duly accepted in writing by the Company, (iv) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company (or IMG) unless approved in writing by an authorized representative of the Company, (v) IMG and the Company will rely on the accuracy and completeness of the information provided herein, (vi) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (vii) by submission of this application and/or any future claim for benefits I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its selected agent and administrator, and invoke the benefits and protections of its laws, and (viii) the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance shall be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under the Certificate of Insurance issued to me (us).

**ACKNOWLEDGEMENT** I (we) understand and agree that: (i) marketing brochures and certificate wordings are available prior to application upon request, (ii) the insurance agent/broker assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) 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 this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed or treated (a "pre-existing condition"), will be excluded from coverage under this insurance, (iv) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (v) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided thereunder, and IMG acts solely as agent for the Company and has no direct or independent liability under the Master Policy or any Certificate of Insurance.

**CERTIFICATION** I (we) hereby certify, represent and warrant to IMG and the Company that: (i) I (we) have read this Application and the brochure or they have been read to me (us), and I (we) understand them, (ii) I am (we are) currently in good health and I (we) have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing condition which I (we) foresee may require treatment during the period of coverage or for which I (we) intend to claim under this insurance, and (iii) if this Application is signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind the applicant.

**MEDICAL RELEASE** I (we) authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis of any physical or mental condition, and/or employment status, to provide such information to IMG and/or the Company.

**FOR PATRIOT T.R.I.P. LITE (only applicable if applicant has completed section D):**

**MEMBERSHIP** I (we) hereby apply for membership to NSBTHA.

**CERTIFICATION** I (we) hereby certify that I (we) have read, or have had read to me (us), all statements on this application. I (we) represent that the responses are true, complete and correctly recorded; and that all travelers listed on this application are medically able to travel on the date this program is purchased. I (we) understand and agree that subject to your acceptance of this application and payment of the Total Program Cost, coverage will begin at 12: 01 a.m. on the day after this completed application is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

**XSignature of Insured or Proxy (Required)** \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

*Payment must be made for the total number of months of requested coverage. Refund of premium will be made only if a written request is received by IMG prior to the effective date of coverage. After the effective date, the premium is fully earned and non refundable. All payments must be made in U.S. dollars and drawn on U.S. banks.*

**Payment Method**  Check (To IMG)  Wire  Money Order (To IMG)  Visa  MasterCard  
 Discover  American Express  JCB eCheck (ACH) available online

*If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Amount. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement. For your convenience, only one payment for the total amount due is required. You agree and understand that if your purchase includes Patriot T.R.I.P. Lite, the cost for this program will be allocated directly to iTravelInsured.*

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Your Daytime Phone \_\_\_\_\_

Your Billing Address \_\_\_\_\_