



INTERNATIONAL MEDICAL GROUPSM

Patriot Group Travel Medical InsuranceSM

Medical Insurance for Groups of Five or More Traveling Abroad



PATRIOT INTERNATIONALSM GROUP COVERAGE

Group travel medical insurance for U.S. citizens traveling abroad

PATRIOT AMERICASM GROUP COVERAGE

Group travel medical insurance for non-U.S. citizens traveling outside their country of citizenship

The uncertainties of travel



Traveling abroad can be an exciting experience. But what would happen if a member of your group became ill or injured while away from home? International travel can quickly turn frightening if you're not prepared for a medical emergency.

If your group is planning a trip to another country, think about these questions: What would you do if a member of the group is injured during the trip? How would you deal with the language and currency barriers? Who would you call? Imagine trying

to call your insurance company at 3:00 a.m. from a foreign country during a medical emergency! Will they be there when you need them the most?

What if you are hosting a group from another country? Would those group members be covered while in your country? Would your group be responsible for medical costs?

International Medical GroupSM is here to provide you true Coverage Without BoundariesSM. We offer Patriot Group Travel Medical InsuranceSM, a complete assistance package of international benefits and 24 hour availability.

The experienced plan administrator



INTERNATIONAL MEDICAL GROUPSM

For more than a decade, International Medical Group (IMGSM) has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides coverage to individuals and families in more than 150 countries.

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



IMG World Headquarters
Indianapolis, Indiana

SCHEDULE OF BENEFITS - EACH PLAN INCLUDES THE FOLLOWING BENEFITS:

INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	To Policy Maximum when coordinated through IMG
-----------------------------	---

Each Patriot Group Travel Medical InsuranceSM plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility or the country of residence (as determined by IMGSM); expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the country of residence or the country where the evacuation occurred, up to the policy limit.

Emergency Reunion	To US\$15,000 when coordinated through IMG
--------------------------	---

Each PatriotSM plan also provides emergency reunion coverage, up to US\$15,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation; either the cost of accompanying the insured during the evacuation or traveling from the country of residence to be reunited with the insured.

Repatriation	To US\$25,000 when coordinated through IMG
---------------------	---

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

Returning Minor Children	To US\$5,000 when coordinated through IMG
---------------------------------	--

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

SPECIAL COVERAGES

Home Country Coverage	As described below
------------------------------	---------------------------

Incidental Home Country Coverage - During the Period of Coverage an insured person may return to their country of residence for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their country of residence, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the country of residence may not be taken to receive treatment for an illness or injury incurred while traveling.

End of Trip Home Country Coverage - For every six months of coverage you purchase, you can purchase one additional month of home country coverage up to a maximum of two months.

Trip Cancellation	To US\$5,000
--------------------------	---------------------

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, the plan will pay to return the insured to the area of principal residence. The plan will pay 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	To US\$50 per item; maximum of US\$250
---------------------	---

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.

Common Carrier Accidental Death	US\$50,000 to Beneficiary; maximum of US\$250,000 per family of group
--	--

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

MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible and coinsurance

Hospital Room and Board	To Policy Maximum for average semi-private room rate
--------------------------------	---

Intensive Care	To Policy Maximum
-----------------------	--------------------------

Medical Expenses	To Policy Maximum
-------------------------	--------------------------

Outpatient Medical	To Policy Maximum
---------------------------	--------------------------

Local Ambulance	To Policy Maximum
------------------------	--------------------------

Dental	To Policy Maximum
---------------	--------------------------

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

Sports & Activities Coverage	To Policy Maximum for basic sports as described below
---	--

Each Patriot plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by an insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded, but may be added by the **Optional Sports Rider**: Scuba diving, mountain climbing (up to 4500 meters or where ropes or guides are normally used), jet, snow and water skiing and snowboarding, sky diving, amateur racing, piloting an aircraft, bungee jumping and spelunking.

Accidental Death & Dismemberment	US\$25,000 principal sum
---	---------------------------------

Each Patriot plan includes US\$25,000 principal sum benefit for Accidental Death and Dismemberment occurring during the period of coverage: • Accidental Loss of life - principal sum; • Accidental Loss of two Members - principal sum; • Accidental Loss of one Member - 50% of principal sum. "Member" means hand, foot or eye. For more information see the Conditions of Coverage section on panel 9. For beneficiary information see the Beneficiaries section on panel 6.

PLAN INFORMATION

Deductible	Your choice of US\$100, \$250, \$500, \$1,000 or \$2,500
-------------------	---

Coinsurance	As described below
--------------------	---------------------------

For treatment received outside the US & Canada: No coinsurance
For treatment received within the US & Canada: The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

Benefit Period	Six months
-----------------------	-------------------

If a covered injury or illness has continuing treatment after the policy expires, the Benefit Period may provide continued coverage. When the policy expires, IMG will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the policy expired, benefits for the covered injury or illness will continue subject to the Policy Limits until there has been six months of coverage. The Benefit Period serves as an extension of benefits and does not limit the treatment time during the Policy Period.

NON-US CITIZENS COVERAGE FROM 15 DAYS TO 1 YEAR

Patriot AmericaSM provides coverage for non-US citizens traveling outside their country of citizenship for a minimum of 15 days up to a maximum of one year. Although the Patriot 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 also must be completed. If you or other family members applying for coverage are age 65 or older, please see the Eligibility section on panel 8 for additional information.

All premium rates are in US dollars and are effective through 12/31/2002. Rates include 2.5% surplus lines tax. 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.

ONE MONTH RATES

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	One Month	One Month	One Month	One Month
18-29	\$43.00	\$50.00	\$64.00	\$75.00
30-39	\$55.00	\$66.00	\$84.00	\$97.00
40-49	\$84.00	\$95.00	\$126.00	\$142.00
50-59	\$120.00	\$147.00	\$178.00	\$205.00
60-64	\$142.00	\$174.00	\$207.00	\$248.00
65-69	\$162.00	\$208.00	\$226.00	\$270.00
70-79	\$219.00	N/A	N/A	N/A
80+*	\$381.00	N/A	N/A	N/A
Dep. Child	\$25.00	\$28.00	\$36.00	\$39.00
Child Alone	\$39.00	\$46.00	\$59.00	\$66.00

*US\$10,000 Maximum

DAILY RATE*

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	Daily Rate*	Daily Rate*	Daily Rate*	Daily Rate*
18-29	\$1.40	\$1.70	\$2.15	\$2.50
30-39	\$1.80	\$2.20	\$2.80	\$3.20
40-49	\$2.80	\$3.15	\$4.20	\$4.75
50-59	\$4.00	\$4.90	\$5.95	\$6.80
60-64	\$4.75	\$5.80	\$6.90	\$8.30
65-69	\$5.40	\$6.95	\$7.55	\$9.00
70-79	\$7.30	N/A	N/A	N/A
80+**	\$12.70	N/A	N/A	N/A
Dep. Child	\$.80	\$.95	\$1.20	\$1.30
Child Alone	\$1.30	\$1.55	\$1.95	\$2.20

**US\$10,000 Maximum

*Daily rate available if 15 day minimum is satisfied. All members must have the same deductible.

US CITIZENS COVERAGE FROM 15 DAYS TO 1 YEAR

Patriot InternationalSM provides coverage for US citizens traveling abroad for a minimum of 15 days up to a maximum of one year. Although the Patriot 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 also must be completed.

In addition to the benefits listed on panels 2 and 3, Patriot International for US citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

Sudden Recurrence of a Pre-existing Condition - Up to US\$500 will be paid for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside of the US. In addition, up to US\$25,000 will be paid 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. For the definition of a Pre-existing Condition, please see Exclusion number 1 on panel 10.

Dental Emergency - Patriot International will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

All premium rates are in US dollars and are effective through 12/31/2002. Rates include 2.5% surplus lines tax. 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.

ONE MONTH RATES

Age	Option 5 \$50,000	Option 6 \$100,000	Option 7 \$500,000	Option 8 \$1,000,000	Option 9 \$2,000,000
	One Month	One Month	One Month	One Month	One Month
18-29	\$32.00	\$37.00	\$43.00	\$48.00	\$54.00
30-39	\$37.00	\$43.00	\$57.00	\$63.00	\$72.00
40-49	\$59.00	\$66.00	\$73.00	\$81.00	\$99.00
50-59	\$95.00	\$109.00	\$122.00	\$136.00	\$153.00
60-64	\$109.00	\$129.00	\$153.00	\$180.00	\$201.00
65-69	\$129.00	\$138.00	\$158.00	\$189.00	\$243.00
70-79	\$189.00	N/A	N/A	N/A	N/A
80+*	\$378.00	N/A	N/A	N/A	N/A
Dep. Child	\$18.00	\$23.00	\$27.00	\$28.00	\$34.00
Child Alone	\$32.00	\$36.00	\$41.00	\$45.00	\$52.00

*US\$10,000 Maximum

DAILY RATE*

Age	Option 5 \$50,000	Option 6 \$100,000	Option 7 \$500,000	Option 8 \$1,000,000	Option 9 \$2,000,000
	Daily Rate*	Daily Rate*	Daily Rate*	Daily Rate*	Daily Rate*
18-29	\$1.10	\$1.20	\$1.40	\$1.60	\$1.80
30-39	\$1.20	\$1.40	\$1.90	\$2.10	\$2.40
40-49	\$1.95	\$2.20	\$2.40	\$2.70	\$3.30
50-59	\$3.15	\$3.60	\$4.10	\$4.55	\$5.10
60-64	\$3.60	\$4.30	\$5.10	\$6.00	\$6.70
65-69	\$4.30	\$4.60	\$5.30	\$6.30	\$8.10
70-79	\$6.30	N/A	N/A	N/A	N/A
80+**	\$12.60	N/A	N/A	N/A	N/A
Dep. Child	\$.60	\$.75	\$.90	\$.95	\$1.15
Child Alone	\$1.10	\$1.20	\$1.35	\$1.50	\$1.75

**US\$10,000 Maximum

*Daily rate available if 15 day minimum is satisfied. All members must have the same deductible.

ENROLLMENT PROCESS & APPLICATION FORM

You should read the important information below prior to completing this Form.

HOW TO ENROLL

Before you begin your travel, simply fill out the Enrollment Form and calculate the premium for the time period your group will be traveling. Once you have completed the Enrollment Form, return it to your agent or mail it to IMGSM. The group member, his/her 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 country of citizenship; or 3) the date requested on your Enrollment Form.

Patriot Group Travel Medical InsuranceSM 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 Enrollment Form; or 3) the date you return to your country of residence (however, see Home Country Coverage on page 2 for incidental coverage).

ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Enrollment Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Enrollment Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing the complete Policy Wording. *Please note: If you require express delivery, fax confirmation or special correspondence, there is an additional charge listed on the Enrollment Form.*

ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in Patriot Group Travel Medical InsuranceSM:

- For those over age 65 and visiting the US, your initial Period of Coverage must begin within 30 days of arrival in the US. Please attach a copy of your Visitor's Visa to the Enrollment Form. If you are not in the US at the time of application, please indicate your expected date of arrival on your Enrollment Form.
- This insurance is not available to non-US citizens who are residing in New York, Nevada, California or Florida at the time of application. However, this restriction will not apply when the Effective Date coincides with or is subsequent to the applicant's departure date.

RENEWAL OF COVERAGE

The Patriot AmericaSM and Patriot InternationalSM plans can be rewritten for succeeding or subsequent periods but are not renewable once the initial Period of Coverage expires. 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.

CLAIMS PROCEDURE

PRECERTIFICATION

Each proposed hospital admission and inpatient or outpatient surgery must be Precertified, 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 a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines.

FOR PRECERTIFICATION, EMERGENCY EVACUATION AND REPATRIATION

Call IMG in the US at: 1-800-628-4664 (toll free)
1-317-655-4500

Call IMG outside the US: 001-317-655-4500 (collect if necessary)
This information will also be provided on your ID card.

CLAIM PAYMENT

All benefits payable under Patriot Group Travel Medical InsuranceSM are subject to the provisions described in this brochure and the Policy Wording. To make claim processing efficient, claims may be paid in two ways.

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

Please mail completed claim forms to: International Medical Group, Inc., 407 Fulton Street, Indianapolis, IN 46202 U.S.A.

All IMG contact numbers, claim forms and policy wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 317-655-4505 or e-mail: insurance@imglobal.com.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance.
2. Coverage under a PatriotSM plan is secondary to any other insurance.
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 Policy Period or the Benefit Period.
6. Claims must be presented to IMG for payment within the Policy Period, Benefit Period or during the three months immediately following the Policy Period.

EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE

1. All Conditions and Exclusions apply to this Coverage.
2. All Emergency Medical Evacuation, Emergency Reunion and Repatriation 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 IMGSM to be eligible for coverage.

PLAN INFORMATION

REFUND OF PREMIUM

Refund of premium will be made only if a written request for cancellation is received by IMG prior to the effective date of coverage. After the effective date, the premium is fully earned and non-refundable.

EXCLUSIONS

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

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 existed at the time of application or at any time during the five years prior to the effective date of the insurance, 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, political insurrection, protest, or any act thereof.
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 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, but may be added by the Optional Sports Rider: Scuba diving, mountain climbing (up to 4500 meters or where ropes or guides are normally used), jet, snow and water skiing and snowboarding, skydiving, amateur racing, piloting an aircraft, bungee jumping and spelunking.
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 or sustained while under the influence of or disablement of drugs or alcohol.
15. Willfull self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered hereunder.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Treatment for mental and nervous disorders.
19. Organ or tissue transplants or related services.
20. 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.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This brochure contains only a consolidated and summary description of all current Patriot Group Travel Medical InsuranceSM benefits, conditions, limitations and exclusions. A certificate containing the complete Policy Wording with all terms, conditions and exclusions will be included with the fulfillment kit.



INTERNATIONAL MEDICAL GROUPSM

Plan Administrator

International Medical GroupSM, Inc.
407 Fulton Street
Indianapolis, IN 46202-3684 USA
800.628.4664/317.655.4500
Fax: 317.655.4505
Email: insurance@imglobal.com
www.imglobal.com

SIRIUS
INTERNATIONAL



Plan Underwriter

These Patriot Group Travel Medical InsuranceSM plans are underwritten by Sirius International Insurance Corporation (publ), a wholly owned subsidiary of ABB Financial Services within the ABB Group. Sirius International is rated A+ (superior) by A.M. Best and AA- for financial strength by Standard and Poor's.

CONTACT INFORMATION

Agent Contact Information:

To Enroll

1. Complete entire Enrollment Form.
2. Please make check or money order payable to IMG and enclose in envelope with signed Enrollment Form
3. Mail or fax to:
International Medical Group, Inc.
407 Fulton Street
Indianapolis, Indiana 46202 USA
Fax 317-655-4505

Please Print:

Sponsoring Organization _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Contact Name _____

Requested Effective Date _____

Date of Departure _____

Requested Expiration Date _____

Purpose of Trip _____

Destinations _____

Beneficiaries

In the event of the insured's death, the beneficiaries will be as follows:

- 1) Spouse - Primary
- 2) Children - Contingent
- 3) Estate of the insured - Contingent

Payment Method Check (To IMG) Money Order (To IMG)
 Mastercard Visa American Express

Card# _____ Expiration date _____

Name on Card _____

Signature _____

Your Daytime Phone _____

Your Billing Address _____

Plan Agreement

The Sponsor agrees to pay premium hereunder to the Company on or before the due date. If the premium due under this Agreement is to be paid in installments, a grace period of 10 days will be allowed for the Company's receipt of payment of each premium except the initial installment. If any premium is unpaid at the end of a grace period, the insurance hereunder shall be terminated effective the due date of the premium, whereupon the Company's liability shall cease with respect to all claims incurred thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor authorizes IMG to bill the credit card account for the total charges as specified herein. Coverage purchased by credit card is subject to validation and acceptance by credit card company.

*The Sponsor has read this brochure and understands that the coverage provided hereunder is not a general health insurance policy. It is intended for the use of the Group members in the event of a sudden and unexpected illness or injury arising when a member is eligible for coverage under this insurance. **This policy does not provide benefits for illness, conditions, or injuries which existed during the five years prior to the effective date of this insurance, whether known or unknown.** The Sponsor is not aware of any existing medical conditions for any of the Group members. To the best knowledge of Sponsor, all members of the Group are in good health and do not have any medical conditions for which they intend to claim hereunder. The undersigned is a duly authorized representative of the Sponsor and has the authority to purchase this insurance on behalf of the members listed. The Sponsor hereby subscribes to the Group Health, Accidental and Travel Insurance Trust in Indiana and enrolls in Patriot Group Travel Medical InsuranceSM under contract by Sirius International Insurance Corporation (publ). By acceptance of coverage and/or benefits, a Group member ratifies the authority of the Sponsor to bind the member hereunder. Further, all members agree to exclusion of coverage for pre-existing conditions as defined herein. The Sponsor understands that coverage under Patriot Group Travel Medical InsuranceSM is NOT RENEWABLE. Any successive enrollments in Patriot Group Travel Medical InsuranceSM are not renewals.*

Signature _____

Date _____ Phone _____

Address _____

Please complete application on other side.

Insured's Name Nationality	Date of Birth	Passport Number/SSN	Monthly Rate	Daily Rate*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
SUBTOTAL:			A	B

TEAR HERE

Calculating Your Premium (Check one plan and one option):

Select the coverage plan and plan option:

- Patriot AmericaSM for non-US citizens
 Patriot InternationalSM for US citizens
 Option 1__ Option 2__ Option 3__ Option 4__
 Option 5__ Option 6__ Option 7__ Option 8__ Option 9__

Names of individuals to be covered under this policy (attach additional sheets if necessary). *Daily rate available only if 15 day minimum period of coverage is satisfied.

$$\frac{\text{A (total monthly rate from table above)} \times \text{Number of months}}{\text{C}} \quad \text{AND/OR} \quad \frac{\text{B (total daily rate from table above)} \times \text{Number of days}}{\text{D}}$$

$$\text{C (from line above)} + \text{D (from line above)} = \text{E} \times \text{Deductible rate factor (See box at right)} \times \text{Sports Rider Factor (Enter 1.2 if applicable)} + \text{US\$20.00 optional express mail, fax confirmation or special correspondence (circle one if applicable)} = \text{\$ Total Premium}$$

Circle One	
Deductible	Rate Factor
US\$100	1.1
US\$250	1.0
US\$500	.90
US\$1000	.80
US\$2500	.70
Sports Factor	1.20

To Pay in Monthly Installments

$$\frac{\text{Total Premium}}{\text{Number of months}} + \text{\$10.00 Billing fee} = \text{\$ Periodic payment}$$

Minimum initial payment required

Selling Agent Use Only

Agency# _____ GA# _____
 Name _____
 Address _____
 City _____ Phone: _____
 State _____ Zip Code _____