



Patriot

Patrim

um Travel

Medical
Insurance.com

First-class travel
medical insurance
and travel protection
for international
travelers



NATIONAL MEDICAL GROUP

Why Consider International Travel Medical Insurance?

Exploring the Grand Canal in Venice by gondola, discovering the breathtaking lakes of Ticino in Switzerland from the foothills of the Alps, taking in the opera at Prague's prestigious National Theatre, admiring some of the greatest masterpieces in the world at the Louvre in Paris, or sending family members on an adventurous vacation backpacking through Europe - whatever your travel destination, you expect and deserve first-class protection and service. But what would happen if you or one of your family members became ill or



CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the Certificate of Insurance and Master Policy.
2. Coverage under a Patriot Platinum plan 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 ninety (90) days from the date the claim was incurred.

ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in Patriot Platinum Travel Medical Insurance.

- n Patriot Platinum Travel Medical Insurance is travel insurance for U.S. citizens traveling outside the United States with coverage for brief returns to the U.S., and for non-U.S. citizens traveling outside their home country.
- n For those under 65 years of age and visiting the U.S., your initial Period of Coverage must begin within six months of arrival in the U.S. For those 65 years of age and older, it must begin within 30

ENROLLMENT PROCESSING & FULFILLMENT KITS

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 coverage 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 convenience, approved applicants may choose to communicate electronically and download their fulfillment kit from the IMG website for immediate access. To do this, you must check the appropriate box listed in Section 2 of the application form. We have your correct email address to complete this process. If IMG has processed and approved 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.



**SUDDEN AND UNEXPECTED RECURRENCE OF
A PRE EXISTING CONDITION:**

(U.S. citizens only) For those up to age 65 with a primary health plan, Patriot Platinum International will pay the Usual, Reasonable and Customary charges of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 16) up to the plan



SPORTS AND ACTIVITIES COVERAGE:

Each Patriot Platinum plan covers injuries incurred during athletic activities which are non-organized, non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. Some of these sports and activities include, but are not limited to, motor cycle/motorscooter riding, recreational downhill and/or cross country snow skiing, horseback riding, sub-aquatic activities (to 10m), wakeboarding, and water skiing. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or government body), or the International Olympic Committee, and or Adventure Sports. *Please note this is only a summary of sports and activities and exclusions. For additional information, please refer to the Certificate of Insurance.*

ACCIDENTAL DEATH AND DISMEMBERMENT:

Each Patriot Platinum plan offers a \$50,000 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.*

COMMON CARRIER ACCIDENTAL DEATH:

If accidental death should occur while traveling on a commercial Common Carrier, \$100,000 per adult and \$25,000 per child.



kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, ski jumping, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class V difficulty; and/or adventure sports activity not expressly covered hereunder are excluded regardless of which plan or rider is selected.

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





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

This program does not cover you for pre-existing conditions. However, your pre-existing conditions 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, or did

1. Primary applicant information: Patriot Platinum Travel Medical Insurance P a b a c

ALL SECTIONS (a bac) a ca . Male Female

Last Name _____ First Name _____ Middle _____

Government Issued ID Number _____ Country of Citizenship _____

Home Country _____ Destination Country(ies) _____

Beneficiaries (C ca W B ca a)

In the event of an insured's accidental death and/or common carrier accidental death, beneficiaries will be as follows:

1) Spouse (if any) - Primary 2) Children (if any) - First contingent 3) Estate of the insured - Second contingent

2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:

OR I will use the Online Fulfillment Kit Option (a 9 a - a a a)

Name _____ Email _____

Address, City, State, Country, Postal Code _____

If the address in #2 is in Florida, is the applicant currently located in Florida? Yes No

(Determines applicable surplus lines tax and will not affect coverage)

3. Select the coverage plan and plan option. Check one plan and one option.

Patriot Platinum International for U.S. citizens *(see page 5)* \longrightarrow Option Number 1 2 3

Patriot Platinum America for Non-U.S. citizens *(see page 6)* \longrightarrow Option Number 4 5 6

Citizenship Return Rider: *If you are a U.S. citizen and elect this rider, have you resided outside the U.S. continuously for the past 6 months?* Yes No *Do you have a current health plan in force?* Yes No **I a N , a b .**

Requested Effective Date: ____/____/____ month/day/year **Date of departure from your Home Country:** ____/____/____ month/day/year

Date of return to your Home Country: ____/____/____ month/day/year

Non-U.S. citizens if replacing current international coverage *(see page 7)*

Current Carrier: _____ Date of arrival in the U.S.: _____ OR Expiration date of current coverage: _____

4. Names of Persons to be insured:

	Date of Birth <small>(month/day/year) REQUIRED</small>	Age	Monthly Rate*	# of months Travel Coverage	Daily Rate*	# of days
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Applicant _____ ____/____/____ _____ X ____ = _____ X ____ = _____

Spouse _____ ____/____/____ _____ X ____ = _____ X ____ = _____

Child _____ ____/____/____ _____ X ____ = _____ X ____ = _____

Child _____ ____/____/____ _____ X ____ = _____ X ____ = _____

P a a a c a a c
*use applicable monthly and daily rates *(see pages 5 and 6)*

Total (A) _____ Total (B) _____ Total (C) _____

5. End of Trip Home Country Coverage *(see page 12 for details)*

One month for every four months of purchased Travel Medical coverage up to a maximum of three months of Home Country Coverage.

This will be added as additional months of coverage to your planned travel period and will begin upon the date of return to your home country.

Monthly Rate Total (A)	# of Months Home Country Coverage	Total Home Country Coverage Premium
_____	X _____	= _____
		Total (D)

6. CIRCLE ONE

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7

Deductible	Rate Factor	Deductible	Rate Factor
\$0	1.25	\$2500	.70
\$100	1.10	\$5000	.60
\$250	1.00	\$10,000	.55
\$500	.90	\$25,000	.45
\$1000	.80		

A ca F c bac

Payment must be made for the total number of months you want coverage. All payments must be made in U.S. dollars and drawn on U.S. banks.

8. SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot Platinum Travel Medical Insurance as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (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 I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate 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 applicant(s) hereby consent(s). I (we) consent and agree that Indiana surplus lines 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) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance.

Producer Contact Information:

