



Plan Administrator

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Plan Underwriter

These Outreach Travel Medical Insurance plans are underwritten by Sirius International Insurance Corporation (publ). Sirius International is A rated (excellent) by A.M. Best and A- by Standard and Poor's (at the time of printing).

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Outreach Travel Medical InsuranceSM

Medical Insurance for Missionaries



OUTREACH INTERNATIONALSM

Short-term medical insurance for
U.S. missionaries traveling abroad

OUTREACH AMERICASM

Short-term medical insurance for
non-U.S. missionaries traveling abroad

OUTREACH PLUS[®]

Intermediate-term medical insurance for
all missionaries

The uncertainties of travel



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

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans may offer adequate domestic coverage, they may not be designed for international travel. Without even realizing it, you may be putting your health - and that of your family - at risk.

What if you are injured or become ill during your trip? Could you get quality treatment at an unfamiliar hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby? Who do 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?

You have enough things to worry about when you're traveling. Don't let your medical coverage be one of them. International Medical Group® (IMGSM) has developed three Outreach Travel Medical InsuranceSM plans to provide you and your family Coverage Without Boundaries®. Each plan offers a complete package of international benefits and 24 hour availability. Simply select the one that best fits your needs.

0302 Updated 11/02

The experienced plan administrator



**IMG World Headquarters
Indianapolis, Indiana**



INTERNATIONAL MEDICAL GROUP®

Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG administers coverage for 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 ensure that your medical needs are met. We process thousands of claims each year from countries throughout the world and can handle virtually any language or currency.

To give you true Global Peace of Mind®, IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. Our customer service is routinely rated among the highest in the industry. You can rest assured that IMG will be there for you whether it be for routine treatment or during a medical emergency.

IMG gives you worldwide coverage experience, impeccable service and international expertise. Don't leave your medical care to chance. Let IMG reduce the uncertainties of international travel for you and your family.

SCHEDULE OF BENEFITS

INTERNATIONAL EMERGENCY CARE

Emergency Evacuation	To Policy Maximum when coordinated through IMG
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Each Outreach Travel Medical Insurance plan includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility or the country of residence (as determined by IMG); 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
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Each OutreachSM 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
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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
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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 Outreach 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
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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 - You may purchase up to three additional months of home country coverage at the time of enrollment if you are enrolling in an Outreach plan for a minimum of nine months.

Trip Cancellation	To US\$5,000
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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 Outreach 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
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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
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If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family.

SCHEDULE OF BENEFITS

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
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Intensive Care	To Policy Maximum
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Medical Expenses	To Policy Maximum
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Outpatient Medical	To Policy Maximum
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Local Ambulance	To Policy Maximum
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Dental	To Policy Maximum
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Each Outreach 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
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Each Outreach 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
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Each Outreach 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.

PLAN INFORMATION

Deductible	Your choice of US\$100, \$250, \$500, \$1,000 or \$2,500
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Coinsurance	As described below
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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
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If a covered injury or illness requires continuing treatment after the period of coverage expires, the Benefit Period may provide continued coverage. When the period of coverage expires, IMG will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the period of coverage expired, benefits for the covered injury or illness will continue subject to the Policy Limits and the other terms of the plan until there has been six months of continuous coverage. The Benefit Period serves as an extension of benefits and does not limit the treatment time during the period of coverage.

NON-US CITIZENS COVERAGE FROM 15 DAYS TO 1 YEAR

Outreach 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 Outreach 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.

If you are traveling for six (6) months or more, please review the Outreach PlusSM plan, found on panel 7, which offers a 10% discount on rates and is renewable.

All premium rates are in US dollars and are effective through 12/31/03. 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	\$48	\$56	\$72	\$84
30-39	\$62	\$74	\$94	\$108
40-49	\$94	\$106	\$140	\$158
50-59	\$134	\$164	\$198	\$228
60-64	\$158	\$194	\$230	\$276
65-69	\$180	\$232	\$252	\$300
70-79	\$244	N/A	N/A	N/A
80+*	\$424	N/A	N/A	N/A
Dep. Child	\$28	\$32	\$40	\$44
Child Alone	\$44	\$52	\$66	\$74

*US\$10,000 Maximum

15 DAYS OR LESS RATES

Age	Option 1 \$50,000	Option 2 \$100,000	Option 3 \$500,000	Option 4 \$1,000,000
	15 Days or Less	15 Days or Less	15 Days or Less	15 Days or Less
18-29	\$24	\$28	\$36	\$42
30-39	\$31	\$37	\$47	\$54
40-49	\$47	\$53	\$70	\$79
50-59	\$67	\$82	\$99	\$114
60-64	\$79	\$97	\$115	\$138
65-69	\$90	\$116	\$126	\$150
70-79	\$122	N/A	N/A	N/A
80+*	\$212	N/A	N/A	N/A
Dep. Child	\$14	\$16	\$20	\$22
Child Alone	\$22	\$26	\$33	\$37

*US\$10,000 Maximum

US CITIZENS COVERAGE FROM 15 DAYS TO 1 YEAR

Outreach InternationalSM provides coverage for US citizens traveling abroad for a minimum of 15 days up to a maximum of one year. Although the Outreach 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.

If you are traveling for six (6) months or more, please review the Outreach Plus plan, found on panel 7, which offers a 10% discount on rates and is renewable.

In addition to the benefits listed on panels 3 and 4, Outreach International for US citizens also provides the three benefits outlined below, subject to all Conditions of Coverage.

Sudden Recurrence of a Pre-existing Condition - Up to US\$1,000 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 - Outreach International will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

Indemnity - Outreach International will pay directly to you US\$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.

All premium rates are in US dollars and are effective through 12/31/03. 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	\$36	\$42	\$48	\$54	\$60
30-39	\$42	\$48	\$64	\$70	\$80
40-49	\$66	\$74	\$82	\$90	\$110
50-59	\$106	\$122	\$136	\$152	\$170
60-64	\$122	\$144	\$170	\$200	\$224
65-69	\$144	\$154	\$176	\$210	\$270
70-79	\$210	N/A	N/A	N/A	N/A
80+*	\$420	N/A	N/A	N/A	N/A
Dep. Child	\$20	\$26	\$30	\$32	\$38
Child Alone	\$36	\$40	\$46	\$50	\$58

*US\$10,000 Maximum

15 DAYS OR LESS RATES

Age	Option 5 \$50,000	Option 6 \$100,000	Option 7 \$500,000	Option 8 \$1,000,000	Option 9 \$2,000,000
	15 Days or Less	15 Days or Less	15 Days or Less	15 Days or Less	15 Days or Less
18-29	\$18	\$21	\$24	\$27	\$30
30-39	\$21	\$24	\$32	\$35	\$40
40-49	\$33	\$37	\$41	\$45	\$55
50-59	\$53	\$61	\$68	\$76	\$85
60-64	\$61	\$72	\$85	\$100	\$112
65-69	\$72	\$77	\$88	\$105	\$135
70-79	\$105	N/A	N/A	N/A	N/A
80+*	\$210	N/A	N/A	N/A	N/A
Dep. Child	\$10	\$13	\$15	\$16	\$19
Child Alone	\$18	\$20	\$23	\$25	\$29

*US\$10,000 Maximum

US AND NON-US CITIZENS COVERAGE FROM 6 MONTHS TO 3 YEARS

Outreach PlusSM provides coverage for US citizens AND non-US citizens traveling outside their country of citizenship for a minimum of six months up to a maximum of three years. Outreach Plus must be purchased for a minimum initial period of six months, and is renewable for a total of three years by those traveling outside the US. For non-US citizens traveling within the US, Outreach Plus may be renewed for up to one year of total coverage. A new Deductible and Coinsurance will apply for each Period of Coverage.

All premium rates are in US dollars and are effective through 12/31/03. 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.

US CITIZENS

In addition to the benefits listed on panels 3 and 4, Outreach Plus for US citizens also provides the three benefits outlined below, subject to all Conditions of Coverage.

Sudden Recurrence of a Pre-existing Condition - Up to US\$1,000 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 - Outreach Plus will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

Indemnity - Outreach Plus will pay directly to you US\$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.

US CITIZENS - rates reflect a 10% discount from the Outreach International plan

6 month minimum	Option 10 \$500,000 (US Citizen only) Per Month	Option 11 \$1,000,000 (US Citizen only) Per Month	Option 12 \$2,000,000 (US Citizen only) Per Month
Age			
18-29	\$43	\$48	\$54
30-39	\$57	\$63	\$72
40-49	\$73	\$81	\$99
50-59	\$122	\$136	\$153
60-64	\$153	\$180	\$201
65-69	\$158	\$189	\$243
Dep. Child	\$27	\$28	\$34
Child Alone	\$41	\$45	\$52

NON-US CITIZENS

NON-US CITIZENS - rates reflect a 10% discount from the Outreach America plan

6 month minimum	Option 13 \$500,000 (Non-US Citizen only) Per Month	Option 14 \$1,000,000 (Non-US Citizen only) Per Month
Age		
18-29	\$64	\$75
30-39	\$84	\$97
40-49	\$126	\$142
50-59	\$178	\$205
60-64	\$207	\$248
65-69	\$226	\$270
Dep. Child	\$28	\$39
Child Alone	\$49	\$66

ENROLLMENT PROCESS/APPLICATION FORM

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

HOW TO ENROLL

Before you begin your travel, simply fill out the Enrollment Form and calculate the premium for the time period you and your family will be traveling. Once you have completed the Enrollment 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 country of citizenship; or 3) the date requested on your Enrollment Form.

Outreach Travel Medical Insurance 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 panel 3 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 Outreach Travel Medical Insurance:

- 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 Outreach America and Outreach International 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. The Outreach Plus plan must be purchased for a minimum initial period of six months, and is renewable for a total of three years by those traveling outside the US. For non-US citizens traveling within the US, Outreach Plus may be renewed for up to one year of total coverage. A new Deductible and Coinsurance will apply for each Period of Coverage.

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, please call: IMG in the US: 1-800-628-4664 (toll free) or 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.

Note: You 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 complete several information fields which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of this email. Once we have received this request, our medical team will review the information you have provided and respond to you 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.

CLAIM PAYMENT

All benefits payable under Outreach Travel Medical Insurance 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, 407 Fulton Street, Indianapolis, IN 46202 USA

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 applicable deductible and coinsurance, and the other terms of the plan as contained in the complete Policy Wording.
2. Coverage under an Outreach 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 the Period of Coverage, 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 IMG to be eligible for coverage.

PLAN INFORMATION

QUALITY GUARANTEE

Your satisfaction is very important to IMG. If, for any reason, you are not pleased with this product you may submit a written request for cancellation and refund of your premium. The request must be received by IMG prior to your effective date of coverage.

EXCLUSIONS

Charges incurred for or arising from the following services, treatments and/or conditions are excluded from coverage under the Outreach 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 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, 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 in the Certificate of coverage.
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. Willful 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 Certificate of coverage.
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 Outreach Travel Medical Insurance 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.

Applicant information: Outreach Travel Medical InsuranceSM Please print legibly and complete ALL SECTIONS of this application.

(Circle one) Mr. Mrs. Ms. Male Female
 Last Name _____ First Name _____ Middle _____
 Passport Number _____ Issuing Country _____ Country of Citizenship _____
 Country of Residence _____ Beneficiary for Applicant _____ Relationship to Applicant _____

The Applicant will be deemed the beneficiary for his/her spouse and children

Send Confirmation of Coverage and Fulfillment Kit to (mailing address where applicable renewal information will be sent):

Name _____ E-mail _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____

Calculating Your Premium:

Select the coverage plan and plan option: **(Check one plan and one option)**

Outreach AmericaSM for non-US citizens Outreach InternationalSM for US citizens Outreach PlusSM for US citizens Outreach PlusSM for non-US citizens
 Option Number: 1__ 2__ 3__ 4__ Option Number: 5__ 6__ 7__ 8__ 9__ Option Number: 10__ 11__ 12__ Option Number: 13__ 14__

Names of Persons to be insured:

	Date of Birth (month/day/year - REQUIRED)	Monthly Premium	15 Day Premium	Deductible Factor-Circle One
Applicant _____	____/____/____	_____	_____	Deductible Rate Factor
Spouse _____	____/____/____	_____	_____	US\$100 1.1
Child _____	____/____/____	_____	_____	US\$250 1.0
Child _____	____/____/____	_____	_____	US\$500 .90
				US\$1000 .80
				US\$2500 .70
				Sports Factor 1.20
		Total (A)	Total (B)	

Please Attach additional sheet for more children

Requested Effective Date (see How to Enroll section): ____/____/____
 Date of Departure: ____/____/____
 Date of Return to Home Country: ____/____/____

_____ X _____ = _____ + _____ = _____ X _____ = _____ X _____ + _____ = \$ _____
(A) total monthly premium Number of months (B) 15 day premium Deductible rate factor Sports Rider Factor US\$20.00 Optional Total Premium
 (from Total (A) above) (from Total (B) above) (See box above) (Enter 1.2 if applicable) Express, Fax confirmation or Special Correspondence

Payment must be made for the total number of months you want 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 US dollars and drawn on US banks.

SUBSCRIPTION I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Union Federal Savings Bank, Indianapolis, IN, for Outreach Travel Medical InsuranceSM underwritten by Sirius International Insurance Corporation (publ) (the Company). I understand and agree: (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 the Outreach InternationalSM and Outreach AmericaSM plans is not renewable, (iii) 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, (iv) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company unless approved in writing by an officer of the Company, and (v) the Master Policy is issued in the United States, and is governed by its laws.

ACKNOWLEDGEMENT I understand and agree that this insurance does not provide benefits for 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 three years prior to the effective date of this insurance, including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom (a "pre-existing condition"), whether or not previously manifested or known, diagnosed, treated, or disclosed, and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance.

MEDICAL RELEASE I (we) hereby 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 for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

CERTIFICATION I hereby certify, represent and warrant that: (i) I have read the foregoing statements and the brochure or they have been read to me, and I understand them, (ii) I am (we are) eligible to participate in this insurance program, (iii) I am (we are) currently in good health and have not been diagnosed with, treated for, and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as proxy of the Insured, the undersigned warrants their authority and capacity to so act and to bind the Insured. By acceptance of coverage, the insured ratifies the authority of the signatory to bind Insured.

X Signature of Insured or Proxy _____
 Date _____ Phone _____
 Residence Address _____

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

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card# _____ Expiration date _____

Name on Card _____

Signature _____

Your Daytime Phone _____

Your Billing Address _____

Selling Producer Use Only	
Producer#	20693 GA# _____
Name	Schellhaas And Associates
Address	4532 W. Napoleon - Suite 106
City	Metairie Phone 504-779-9421
State	LA Zip Code 70001

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