



INTERNATIONAL MEDICAL GROUP

Plan Administrator

International Medical Group®, Inc.
P.O. Box 88509

2960 North Meridian Street
Indianapolis, IN 46208-0509 USA

For marketing questions, please call 1.866.368.3724

For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500

Fax: 1.317.655.4505

Email: insurance@imglobal.com
www.imglobal.com

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



**Sirius
International**

Plan Underwriter

These Patriot GoTravel Group plans are surplus lines products
underwritten by Sirius International Insurance Corporation (publ),
rated A (excellent) by A.M. Best and A- by Standard & Poor's
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CONTACT INFORMATION

Producer Contact Information:



Patriot GoTravelSM Group

Medical
insurance and
travel protection
for groups of five
or more traveling
abroad



INTERNATIONAL MEDICAL GROUP

Why Consider Travel Insurance?



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? 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?

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

Your group has enough to worry about when they travel. Don't let their medical coverage be an uncertainty. International Medical Group® (IMG®) has developed two Patriot GoTravel Group plans to provide you and your group Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical security.

Why Patriot GoTravelSM Group?

The two Patriot GoTravel Group plans offer a complete package of international benefits available 24 hours a day. **Patriot GoTravel Group International** provides coverage for a group of U.S. citizens traveling outside the U.S. with coverage for brief returns to the U.S., while **Patriot GoTravel Group America** provides coverage for a group of non-U.S. citizens traveling outside their home country. Both plans are available for a minimum of 10 days up to a maximum of two years.

Additionally, the plans offer excellent benefits and services to meet your global needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment. You can also choose from a wide range of deductibles, several Maximum Limits, and you have access to more than 17,000 providers through our International Provider AccessSM (IPA) when seeking treatment outside the U.S. You can also reduce your out-of-pocket costs when seeking treatment in the U.S. by locating providers through the independent Preferred Provider Organization.

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®.

PLAN INFORMATION & HIGHLIGHTS

Maximum Limits	\$50,000, \$100,000, \$500,000, \$1,000,000, \$2,000,000
Individual Deductible	\$0, \$100, \$250, \$500, \$1,000, \$2,500
Coinsurance - for treatment received outside the U.S. & Canada	No Coinsurance
Coinsurance - for treatment received within the U.S. & Canada	<u>In the PPO Network</u> - The plan pays 90% of eligible expenses up to \$5,000, then 100% up to the Maximum Limit <u>Out of the PPO Network</u> - The plan pays 80% of eligible expenses up to \$5,000, then 100% up to the Maximum Limit
Benefit Period	Six months
MyIMG SM	24 hour secure access from anywhere in the world to manage your account at anytime
World-class Medical Benefits	Coverage available for in-patient and out-patient medical expenses

SCHEDULE OF BENEFITS

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

MEDICAL BENEFITS

Usual, reasonable and customary charges. Subject to deductible and coinsurance when applicable.

Hospital Room and Board	Up to the Maximum Limit for average semi-private room rate
Intensive Care	Up to the Maximum Limit
Medical Expenses	Up to the Maximum Limit
Out-patient Medical Expenses	Up to the Maximum Limit
Local Ambulance	Up to the Maximum Limit
Prescription Drugs	Up to the Maximum Limit
Emergency Room Accident	Up to the Maximum Limit
Emergency Room Illness with In-patient Admission	Up to the Maximum Limit
Emergency Room Illness without In-patient Admission	Up to the Maximum Limit with additional \$250 deductible
Hospital Daily Indemnity <i>(for U.S. citizens only)</i>	Up to \$100 per night up to a maximum of 10 days



ADDITIONAL BENEFITS

Terrorism	Up to \$50,000 lifetime maximum
Sports & Activities Coverage	Up to the Maximum Limit for basic sports
Sudden Recurrence of a Pre-existing Condition - Medical <i>(for U.S. citizens only)</i>	Up to age 65 with primary health plan - URC up to plan maximum. Up to age 65 without primary health plan - \$20,000 lifetime maximum. Age 65+ with or without primary health plan - \$2,500 lifetime maximum.
Incidental Home Country Coverage	Up to a cumulative two weeks
End of Trip Home Country Coverage	One month for every five months of travel coverage purchased, up to a maximum of two months
Trip Interruption	Up to \$5,000
Common Carrier Accidental Death	\$50,000 to beneficiary; maximum of \$250,000 per family
Accidental Death & Dismemberment	\$25,000 principle sum
Identity Theft Assistance	Up to \$500 per Period of Coverage
Natural Disaster	\$100 per day for five days

OPTIONAL RIDERS

With the exception of the Chaperone/Faculty Leader Replacement Rider, optional riders apply to all individuals listed on the Application Form.

	Age	Lifetime Maximum
Adventure Sports Rider <i>(available to insureds up to age 65)</i>	0 - 49	\$50,000
	50 - 59	\$30,000
	60 - 64	\$15,000
Chaperone/Faculty Leader Replacement Rider		Up to \$3,000 for round trip economy airline ticket
Citizenship Return Rider		Up to the Maximum Limit

The benefits and riders on pages 3 and 4 are a summary only. Please see pages 10-13 for a list of descriptions.

PATRIOT GOTRAVEL GROUP INTERNATIONAL RATES

Rates are based on a \$250 deductible option.
For other deductible options, please see the application.

ONE MONTH RATES (Five Maximum Limit options. Maximums are per covered insured per certificate period.)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	One Month	One Month	One Month	One Month	One Month
18-29	\$27	\$30	\$36	\$40	\$45
30-39	\$30	\$36	\$47	\$53	\$60
40-49	\$49	\$54	\$61	\$67	\$82
50-59	\$79	\$90	\$101	\$112	\$127
60-64	\$90	\$107	\$127	\$149	\$167
65-69	\$107	\$114	\$131	\$157	\$202
70-79	\$157	N/A	N/A	N/A	N/A
80+*	\$313	N/A	N/A	N/A	N/A
Dep. Child	\$25	\$27	\$32	\$35	\$40
Child Alone	\$27	\$30	\$34	\$38	\$43

*10,000 Maximum

DAILY RATES (10 day minimum)

Age	Option 5	Option 6	Option 7	Option 8	Option 9
	\$50,000	\$100,000	\$500,000	\$1,000,000	\$2,000,000
	Daily	Daily	Daily	Daily	Daily
18-29	\$.90	\$1.00	\$1.20	\$1.35	\$1.50
30-39	\$1.00	\$1.20	\$1.60	\$1.75	\$2.00
40-49	\$1.65	\$1.80	\$2.05	\$2.25	\$2.75
50-59	\$2.65	\$3.00	\$3.40	\$3.75	\$4.25
60-64	\$3.00	\$3.55	\$4.25	\$5.00	\$5.55
65-69	\$3.55	\$3.80	\$4.35	\$5.25	\$6.75
70-79	\$5.25	N/A	N/A	N/A	N/A
80+*	\$10.45	N/A	N/A	N/A	N/A
Dep. Child	\$.85	\$.90	\$1.10	\$1.20	\$1.35
Child Alone	\$.90	\$1.00	\$1.15	\$1.25	\$1.45

*10,000 Maximum

PATRIOT GOTRAVEL GROUP AMERICA RATES

Rates are based on a \$250 deductible option.
For other deductible options, please see the application.

ONE MONTH RATES (Four Maximum Limit options. Maximums are per covered insured per certificate period.)

Age	Option 1	Option 2	Option 3	Option 4
	\$50,000	\$100,000	\$500,000	\$1,000,000
	One Month	One Month	One Month	One Month
18-29	\$36	\$41	\$53	\$63
30-39	\$46	\$55	\$70	\$80
40-49	\$70	\$79	\$104	\$118
50-59	\$100	\$122	\$120	\$171
60-64	\$118	\$145	\$171	\$206
65-69	\$135	\$172	\$187	\$224
70-79	\$182	N/A	N/A	N/A
80+*	\$316	N/A	N/A	N/A
Dep. Child	\$30	\$36	\$47	\$52
Child Alone	\$32	\$38	\$49	\$54

*10,000 Maximum

DAILY RATES (10 day minimum)

Age	Option 1	Option 2	Option 3	Option 4
	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
18-29	\$1.20	\$1.40	\$1.80	\$2.10
30-39	\$1.55	\$1.85	\$2.35	\$2.70
40-49	\$2.35	\$2.65	\$3.50	\$3.95
50-59	\$3.35	\$4.05	\$4.00	\$5.70
60-64	\$3.95	\$4.85	\$5.70	\$6.85
65-69	\$4.50	\$5.75	\$6.25	\$7.50
70-79	\$6.05	N/A	N/A	N/A
80+*	\$10.55	N/A	N/A	N/A
Dep. Child	\$1.00	\$1.20	\$1.60	\$1.75
Child Alone	\$1.10	\$1.25	\$1.65	\$1.80

*10,000 Maximum

All premium rates are effective through 8/1/2012. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid. The maximum amount of coverage for applicants who are 80 years of age or older is \$10,000.

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 a Patriot GoTravel Group 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 Period of Coverage.

ELIGIBILITY

The following conditions apply to all persons applying for and/or enrolling in Patriot GoTravel Group plans.

- Patriot GoTravel Group is travel insurance for a group of U.S. citizens traveling outside the United States with coverage for brief returns to the U.S., and for a group of non-U.S. citizens traveling outside their home country.
- 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 days of arrival. These requirements will be waived with proof of previous valid international travel insurance. Prior U.S. domestic health care coverage does not meet this eligibility requirement. Please provide the name of your international insurance carrier on the Application Form. If you are not in the U.S. at the time of application, please indicate your expected date of arrival on your Application Form.

RENEWAL OF COVERAGE

If your Patriot GoTravel Group plan is purchased for a minimum of three months, coverage may be renewed (unless there is a break in coverage) for a total of up to two years. Renewals are available in whole month or daily increments and may be completed online or by using a paper application, however, renewals of less than one month are available only online. For each renewal of less than one month completed online, you will be charged an additional \$5 processing fee. Each insured person must only satisfy one deductible and coinsurance within each 12 month coverage period. *Please note: Renewal rates may differ from initial rates.*

QUALITY GUARANTEE

The group's satisfaction is very important to IMG. If the sponsoring organization or group is not pleased with this product for any reason, a written request may be submitted, prior to the effect date, for cancellation and refund of the premium. If the group does not have any claims filed with IMG, you may cancel the plan after the effective date, however, the following conditions will apply: 1) the group will be required to pay a \$50 cancellation fee and 2) only full month premiums will be considered for refunds (e.g., if the group chooses to cancel coverage two months and two weeks prior to the date coverage ends, IMG will only consider the two full months for a refund). If anyone in the group has filed a claim, the premium is non-refundable.

ENROLLMENT PROCESS & APPLICATION FORM

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

HOW TO ENROLL

Before the group begins its travel, simply fill out the Application Form and calculate the premium for the time period(s) your group will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG.



The group members, their spouses and unmarried dependent children (over 14 days and under 18 years of age) listed on the Application Form and for whom premiums have been paid will be covered from the **latest** of the following dates:

- 1) The date IMG receives the completed Application Form and the appropriate premium;
- 2) the date the group member departs from his/her home country; or
- 3) the date requested on the Application Form.

Patriot GoTravel Group coverage ends on the **earliest** of the following dates:

- 1) The end of the period for which premium has been paid;
- 2) the date requested on the Application Form; or
- 3) the date the group member returns to his/her home country (however, see Home Country Coverage on page 11).

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 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 listed in Section 2 of 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

PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient 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 eligible medical expenses must meet usual, reasonable, and customary guidelines. Please refer to the Certificate Wording for full details of the Precertification requirements.

For Precertification 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 Client Resources section of our website, www.imglobal.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 GoTravel Group 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@imglobal.com.

DESCRIPTION OF BENEFITS

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

DEDUCTIBLE:

On the Application Form, you will be asked to circle your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident or illness are covered up to the Maximum Limit.

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.

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 GoTravel Group International will pay the Usual, Reasonable and Customary charges of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 13) up to the plan maximum. For those without a primary health plan, Patriot GoTravel Group International will pay up to a \$20,000 lifetime maximum. For those age 65 and older, with or without a primary health plan, Patriot GoTravel Group International will pay up to a \$2,500 lifetime maximum. The primary health plan must have existed prior to the effective date and during coverage of the Patriot GoTravel Group plan, and the **Pre-existing Condition** must be covered under the primary health plan.

HOSPITAL DAILY INDEMNITY:

(U.S. citizens only) Patriot GoTravel Group International will pay directly to the insured person \$100 for each night of a required overnight stay in a hospital up to a maximum of 10 days. However, 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 Period of Coverage expires, the six-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 six months before the Period of Coverage expired, benefits for the covered injury or illness will continue subject to the Maximum Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

INCIDENTAL HOME COUNTRY COVERAGE:

During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to:

- 1) The insured person must have left their home country,
- 2) The total Period of Coverage must be for a minimum of 30 days, and
- 3) The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

END OF TRIP HOME COUNTRY COVERAGE:

For every five months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of two months. To purchase this special home country extension coverage, please check the appropriate box on the Application Form, and calculate your premium to include the additional month(s).

SPORTS AND ACTIVITIES COVERAGE:

Each Patriot GoTravel Group plan covers injuries incurred during amateur athletic activities which are 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, scuba diving (to 10m), snorkeling, wakeboarding, and water skiing. 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 unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsleigh, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, horseback riding, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, paragliding, parasailing, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snow boarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), and wildlife safaris. To be covered under the Adventure Sports Rider, these adventure activities must be engaged in solely for leisure, recreation, or entertainment purposes.

Injury sustained while participating in contact sports of any kind, racing of any kind, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, rodeo activity, ski jumping, whitewater rafting exceeding Class V difficulty, scuba below 50 meters; and/or adventure sports not expressly covered hereunder are excluded regardless of which plan or rider is selected.

ACCIDENTAL DEATH AND DISMEMBERMENT:

Each Patriot GoTravel Group plan includes \$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.

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 or group.

NATURAL DISASTER:

This benefit is available in the event an insured person is required to depart his/her destination due to an evacuation order issued by prevailing authorities in connection with a Natural Disaster. Natural Disaster is defined as widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the population for its safety.

TRIP INTERRUPTION:

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling), a break-in at the insured's principal residence, or the substantial destruction of the insured's principal residence due to a fire or natural disaster, each Patriot GoTravel Group 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.

TERRORISM COVERAGE:

Each Patriot GoTravel Group plan provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan will reimburse eligible medical claims subject to a \$50,000 lifetime maximum. However, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

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

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

IDENTITY THEFT ASSISTANCE:

If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, the Patriot GoTravel Group plans will provide coverage for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of reporting, amending and/or rectifying records as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage and must be reported within six months of the termination of coverage date.

DESCRIPTION OF OPTIONAL RIDERS

ADVENTURE SPORTS RIDER:

The Adventure Sports Rider is available on both Patriot GoTravel Group plans for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page 4: abseiling, BMX, bobsleigh, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, horseback riding, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snow boarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), and wildlife safaris. These adventure activities must be engaged in solely for leisure, recreation, or entertainment purposes.

CHAPERONE/FACULTY LEADER REPLACEMENT RIDER:

In the event that an insured person who is designated as a Chaperone/Faculty Leader by the sponsoring organization has an unexpected death of a relative, a medical emergency, or the substantial destruction of the principal residence in his/her home country, which causes the insured person to have to cancel or interrupt travel, Patriot GoTravel Group covers reimbursement up to \$3,000 for the expense of a round trip economy airline ticket for a replacement Chaperone/Faculty Leader. For premium information, please see the Application Form.

CITIZENSHIP RETURN RIDER:

When purchased at the time of application, the Citizenship Return Rider provides temporary medical coverage for non-U.S. citizens returning to their country of citizenship. For U.S. citizens, the rider provides up to 60 days of coverage with brief returns to the U.S. provided you have a current health plan in force and have resided outside the U.S. continuously for the past six months. Coverage for sudden recurrence of pre-existing conditions is excluded if the rider is selected. For premium information, please see the back of the Application Form.

EXCLUSIONS

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

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, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. **Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
3. **War, military action, terrorism**, political insurrection, protest, or any act thereof.
4. **Immunizations and routine** physical exams.
5. **Treatment of Temporomandibular Joint** or dental treatment, except as expressly provided for in the certificate of insurance.
6. **Venereal disease, AIDS virus**, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.

7. **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 unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsleigh, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, horseback riding, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snow boarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), and wildlife safaris.

Injury sustained while participating in contact sports of any kind, racing of any kind, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, rodeo activity, ski jumping, whitewater rafting exceeding Class V difficulty, scuba below 50 meters; and/or adventure sports 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 influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. **Willful self-inflicted** injury or illness.
16. **Treatment required as** a result of or arising from complications from a treatment or condition not covered under the certificate.
17. **Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
18. **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 expressly provided for in the certificate of insurance.
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 GoTravel Group 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 Patriot GoTravel Group plans are amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.

ADDITIONAL BENEFITS & SERVICES

MyIMGSM

Service at your fingertips anytime, anywhere - that's what MyIMG provides. MyIMG is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through MyIMG you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Get explanation of benefits
- Initiate precertification
- Locate a provider
- Obtain certificate documents
- Request ID cards
- Recommend provider/facility

Locating a Provider

With the Patriot GoTravel Group plans, 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 Preferred Provider Organization (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. You can quickly search the network through MyIMG. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider Access (IPA), a database of over 17,000 providers.

Universal Rx Pharmacy Discount Savings

This is a discount savings program available to every certificate holder of the Patriot GoTravel Group 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 GoTravel Group plans. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.



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, an on-site specialized division devoted entirely to medical management.



The clinical staff consists of qualified physicians and registered nurses who are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner. ACM has international medical experience, providing services in more than 170 countries worldwide.

ACM is accredited by URAC, an independent, nonprofit organization that is internationally recognized for promoting continuous improvement in the quality and efficiency of health care management. Through a rigorous and comprehensive review that ensures ongoing compliance, ACM earned its URAC accreditation in Health Utilization Management.

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.

One Call. One Company. Your Complete International Resource.

IMG offers a comprehensive range of international medical insurance and travel insurance products for every insurance need. Whether you need individual coverage for a vacation, extended coverage for a long-term stay abroad, or group coverage for employees in locations around the world, we've got the right plan for you and the exceptional services to back them up.

- Short-term Travel Plans
- Long-term Travel Plans
- Travel Insurance / Trip Cancellation Plans
- Employer Group Plans
- Mission Plans
- Marine Plans
- International Student and Educator Plans
- Adventure Sports Plans
- Emergency Evacuation Plans
- Green and Environmentally Friendly Plans

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 a 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.

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 Imperium Insurance Company, New York, NY 10036.

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

Sponsoring Organization _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Contact Name _____

Requested Effective Date _____

Date of Departure _____

Requested Expiration Date _____

Purpose of Trip _____

Destinations _____

We will use the Online Fulfillment Kit Option (see page 8 for details-an email address is required)

Email: _____

Beneficiaries

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

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

eCheck (ACH) available online

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 _____

Authorized Signature _____

Cardholder's Daytime Phone _____

Cardholder's Billing Address _____

Sponsor's Agreement - Proxy Statement

1. Subscription. The Sponsoring Organization (Sponsor) hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o MutualWealth Management Group, Carmel, IN, or its successor, for Patriot GoTravel Group Medical Insurance (Group Insurance) as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized managing general underwriter and plan administrator, International Medical Group, Inc. (IMG). The Sponsor and all such members understand and agree: (i) the insurance applied for is not general health insurance, but is intended for the members' use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, (iii) no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) by submission of this application and/or any future claim for benefits, the Sponsor and all group members purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its 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(s) of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which the Sponsor and all group members hereby expressly consent. We consent and agree that Indiana law shall govern all rights and claims raised under the Certificate of Insurance.

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

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

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

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

6. FOR PATRIOT T.R.I.P. LITE (only applicable if applicant has completed section 6F): Membership Each group member hereby applies for membership to NSBTHA.

Certification Each group member hereby certifies that he/she has read, or has had read to him/her, all statements on this application, and represents that the responses are true, complete and correctly recorded; and that all listed on this application are medically able to travel on the date this program is purchased. Each one understands and agrees 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. Each group member understands that if payment is returned unpayable for any reason, coverage becomes null and void.

Signature (Required) _____

Date _____ Phone _____

1. Group Member's Name		Date of Birth	Government Issued ID Number	Group Member's requested Effective date, EXpiration date and/or DEparture date, if different than dates on the reverse side	Monthly Rate*	Daily Rate*
Country of Citizenship	Home Country					
<input type="checkbox"/> 1				EF: EX: DE:		
<input type="checkbox"/> 2				EF: EX: DE:		
<input type="checkbox"/> 3				EF: EX: DE:		
<input type="checkbox"/> 4				EF: EX: DE:		
<input type="checkbox"/> 5				EF: EX: DE:		
<input type="checkbox"/> 6				EF: EX: DE:		
<input type="checkbox"/> 7				EF: EX: DE:		
<input type="checkbox"/> 8				EF: EX: DE:		
<input type="checkbox"/> 9				EF: EX: DE:		
<input type="checkbox"/> 10				EF: EX: DE:		
<input type="checkbox"/> 11				EF: EX: DE:		

♦Please check the box in front of the applicant's name to identify the Chaperone/Faculty Leader (if the Chaperone Rider is selected)

(attach additional sheets if necessary)
*use applicable monthly/daily rates (see pages 5 or 6)

2. _____ X _____ = _____ **SUBTOTALS: A B**
 Subtotal A (from Subtotal A to the right) # of months **Total A**
 Subtotal B (from Subtotal B to the right) # of days **Total B (continue to box below)**

3. Select the coverage plan and plan option. (Check one plan and one option):

Patriot GoTravel Group America for non-U.S. citizens (see page 6) Option Number: 1__ 2__ 3__ 4__

Non-U.S. citizens if replacing current international coverage
 Current Carrier _____
 (see page 7 for details)
 Date of arrival in the U.S. _____ OR
 Expiration date of current coverage _____

Patriot GoTravel Group International for U.S. citizens (see page 5)
 Option Number: 5__ 6__ 7__ 8__ 9__

4. CIRCLE ONE	Deductible	Rate Factor
Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 6	\$0	1.25
	\$100	1.10
	\$250	1.00
	\$500	.90
	\$1000	.80
	\$2500	.70

5. Home Country Coverage (see page 11 for details)
 One month for every five months of purchased Travel Medical coverage up to a maximum of two 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 (C)**

To Pay in Monthly Installments (please first calculate your total premium in Section 6 of the Application)

_____ ÷ _____ = _____
 Total Premium Number of months

+ \$10.00 = \$ _____ (Minimum initial payment required)
 Billing fee Periodic payment

Please complete and return the front and back sides of this application.

6. (A) Monthly premium total (from Total (A) in Section 2) _____
 (B) Daily premium total (from Total (B) in Section 2) + _____
 (C) Home Country Coverage premium total (from Total (C) in Section 5) + _____
 = _____
 Deductible rate factor (see Section 4) X _____
 (D) Base premium - enter in the space below _____

Adventure Sports Rider enter .20 if applicable _____
 Citizenship Return Rider enter .05 if applicable + _____
 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
 If you answered No to either question, you are ineligible for this rider.
 Chaperone Rider enter .10 if applicable + _____
 (E) Total Rider factor go to space below and place this factor to the right of the 1. = _____

Patriot T.R.I.P. Lite - To join NSBTHA and to purchase this option, please complete the following calculation:
 _____ ÷ 100 = _____ X 4.52 = _____
 Total cost of trip for all travelers (minimum \$500) (F)
 Enter (F) in the space below

(D) Enter the amount from D _____
 (E) Enter the amount from E to the right of the 1. X 1. _____
 = _____
 (F) Enter the amount from F + _____
 \$20 optional express mail + _____
 TOTAL AMOUNT DUE = _____

IMG Producer Use Only

Producer# _____
 GA# _____
 Name _____
 Address _____
 City, State, Zip _____
 Phone: _____