

**Adams & Associates®**  
INTERNATIONAL

Serving those around the world, exclusively since 1980



**Medical Insurance for  
Non-profit and  
Charitable Related  
International Travelers**

**PLP PLUS®**

Short to intermediate-term medical insurance for U.S. citizens traveling abroad

**PLP AMERICA®**

Short-term medical insurance for non-U.S. citizens traveling outside their home country

**In Association with:**



INTERNATIONAL MEDICAL GROUP

# COMPANIES YOU CAN COUNT ON

**Insurance Services for International Non-profit and Charitable Organizations, Exclusively Since 1980**

**Adams & Associates®**  
INTERNATIONAL

Since 1980, Adams & Associates International® (A&AI) has been exclusively involved in providing all lines of insurance services for International Non-profit and Charitable participants and organizations residing, traveling and/or working outside the U.S. and Canada. As an Independent Insurance Agent, Broker, Managing General Agency and Managing General Underwriter, A&AI has the skill and expertise needed to provide all of your international insurance needs.

A&AI has listened to the needs and developed many unique insurance products for international travelers and international sending organizations. It is A&AI's mission to custom tailor products and programs that take the uncertainty out of international travel for our clientele. A&AI has been assisted by International Medical Group®, Inc. (IMG®) in developing international-specific medical products since 1990. Partner Link Plan (PLP®) has been developed by A&AI, in cooperation with IMG, for the international community and is only available to persons affiliated with approved mission sending organizations.

A&AI offers a full line of insurance services, which include:

- Personal Property Insurance
- Accident and Special Risk Insurance
- Volunteer Travel Insurance
- Automobile Insurance
- Group Medical Insurance
- Individual Medical Insurance
- Short-term USA Medical Insurance
- Life Insurance
- Foreign Insurance Packages which include custom designed programs with administration for specific needs

## The Experienced Plan Administrator



International Medical Group is a worldwide leader in designing, distributing and administering global healthcare benefits. Since

1990, we have built a solid reputation by providing medical security to hundreds of thousands of individuals and families in more than 150 countries. Our many years of experience in the international market allow us to recognize and alleviate the traditional limitations of language, currency, time zones, and culture that face our insured members. IMG is proud to offer true Coverage without Boundaries®.

To serve the special needs of A&AI's international clientele, IMG maintains an international-specific Claims & Administrative unit within its structure. IMG offers multi-lingual claim administrators, on-site medical staff and customer service professionals that work together to help ensure your medical needs are met. IMG representatives are available 24 hours a day, seven days a week for medical emergencies, evacuations and precertification. Together, we provide you with worldwide coverage, impeccable service and international expertise.

## Akeso Care Management®



ACM® is a URAC accredited health care management company specializing in the complete spectrum of Medical Management Services. ACM offers a unique blend of service components and expertise in cost containment. Rather than work with a third party vendor in dealing with Emergency Medical Evacuation, Precertification, Disease Management, Medical Claims Auditing, Claim Rate Negotiations and Large Case Management, you will work directly with IMG's wholly-owned subsidiary, ACM, and receive the security you need, along with peace of mind.



## Financial Underwriter Longevity, Strength, Stability



When selecting an international travel insurance provider, there are many important facts to consider.

In addition to a comprehensive benefit schedule and experienced administration, there must be a financially stable international underwriter.

Sirius International Insurance Corporation (publ) is rated A (excellent) by A.M. Best and A- by Standard and Poor's. Sirius International offers the financial strength and reputation demanded by experienced multinational organizations. Sirius International is a White Mountains Re company.

# SCHEDULE OF BENEFITS

Each plan includes the following benefits, subject to policy terms

## MEDICAL BENEFITS

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

<b>Emergency Evacuation</b>	<b>To Policy Maximum when coordinated through the plan administrator (IMG)</b>
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Partner Link Plan (PLP) includes coverage for Emergency Medical Evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to the Policy Limit. This benefit is not subject to exclusion number 1 or 18 listed in the Exclusion Section of this brochure.

<b>Emergency Reunion</b>	<b>To US\$15,000 when coordinated through the plan administrator (IMG)</b>
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PLP 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 home country to be reunited with the insured. This benefit is not subject to exclusion number 1 or 18 listed in the Exclusion Section of this brochure.

<b>Return of Mortal Remains</b>	<b>To US\$25,000 when coordinated through the plan administrator (IMG)</b>
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If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered up to a maximum of US\$25,000. This benefit is not subject to exclusion number 1 or 18 listed in the Exclusion Section of this brochure.

<b>Returning Minor Children</b>	<b>To US\$5,000 when coordinated through the plan administrator (IMG)</b>
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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, PLP 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). This benefit is not subject to exclusion number 1 or 18 listed in the Exclusion Section of this brochure.

<b>Political Evacuation</b>	<b>To US\$10,000 when coordinated through the plan administrator (IMG)</b>
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If the United States Department of State, Bureau of Consular Affairs issues a mandatory evacuation order of the host country that becomes effective on or after the insured person's date of arrival in the host country, the Company will pay up to US\$10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that **1)** the insured person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs issues the evacuation order; and **2)** Political Evacuation and Repatriation is approved and coordinated by the Company.

<b>Home Country Coverage</b>	<b>As described below</b>
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**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 (14 days) total, subject to: (a) The insured person must have left their home country, (b) The total Period of Coverage must be for a minimum of 30 days, and (c) The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling (unless an approved medical evacuation as approved by IMG).

**PLP Plus - End of Trip Home Country Coverage** - To be eligible for End of Trip Home Country Coverage, you must select HOME COUNTRY COVERAGE on the application at time of enrollment. You may purchase up to one additional month (30 days) of home country coverage after 5 months of continuous overseas service or three months (90 days) after nine months of continuous overseas service.

<b>Trip Interruption</b>	<b>To US\$5,000</b>
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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, PLP 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 at the same class as the unused travel ticket, less the value of the unused return ticket.

<b>Hospital Room and Board</b>	<b>To Policy Maximum for average semi-private room rate</b>
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<b>Intensive Care</b>	<b>To Policy Maximum</b>
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<b>Medical Expenses</b>	<b>To Policy Maximum</b>
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<b>Outpatient Medical</b>	<b>To Policy Maximum</b>
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<b>Local Ambulance</b>	<b>To Policy Maximum</b>
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<b>Emergency Room</b>	<b>As described below</b>
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Charges incurred for the use of the Emergency Room due to an accident are covered up to the Policy Maximum.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) deductible US\$250 if treatment does not require admittance to the hospital.

<b>Dental</b>	<b>As described below</b>
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**Injury due to an accident:** PLP covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident up to the Policy Maximum.

**Sudden Dental Pain:** PLP will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

## MEDICAL BENEFITS CONT.

<b>Non-commercial Air Travel</b>	<b>As described below</b>
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PLP covers injury sustained during such trip while the insured is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from: 1) any civilian aircraft having a current and valid airworthiness certificate, and piloted by a person who holds a valid and current certificate of competency of a rating authorizing him/her to pilot such aircraft; or 2) any transport-type aircraft operating by the Military Airlift Command (MAC) of the United States, or by a similar air transport service of a recognized sending organization (such as MAF) and licensed according to the duly constituted governmental authority of any other recognized country. The term "airworthiness certificate" as used in this insurance shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry. SPECIAL NOTE: Crew members may be covered only upon prior notification and approval by IMG.

<b>Sports &amp; Activities Coverage</b>	<b>As described below</b>
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PLP covers amateur athletic activity engaged in, by an insured person, in a reasonable, prudent and safe manner; but, Professional Athletics are not covered. PLP also covers the following named hazardous activities, (subject to the deductible and coinsurance, if any). These are: scuba diving, snorkeling and sub-aqua pursuits above depths of 30 meters; mountain climbing below 4500 meters without specialized ropes or guides, jet, snow or water skiing, snowboarding, snowmobiling, surfing, windsurfing, and whitewater rafting under Level II.

<b>Identity Theft Assistance</b>	<b>Up to US\$500 per Period of Coverage</b>
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If an imposter obtains key personal information such as 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 Partner Link 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 reporting, amending and/or rectifying records as a result of the stolen identity even; 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 (6) months of the termination of coverage date.

<b>Accidental Death &amp; Dismemberment</b>	<b>US\$25,000 principal sum</b>
<b>Common Carrier Accidental Death</b>	<b>Additional US\$25,000 to beneficiary; maximum of US\$250,000 per family</b>

PLP includes a US\$25,000 (principal sum) benefit for Accident 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% or principal sum. "Member" means hand, foot or eye. If accidental death shall occur while traveling on a commercial common carrier, the Accidental Death & Dismemberment will pay an additional US\$25,000 per insured to the beneficiary to a maximum of US\$250,000 per family.

## PLAN INFORMATION

<b>Deductible</b>	<b>Choice of US\$0, \$100, \$250, \$500, \$1,000 or \$2,500 per insured per policy period</b>
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Deductible Options: The premiums listed in this brochure are for a \$250 deductible. The following Deductible Modal Factors apply for other deductible options. For a \$0 deductible, multiply your premium by 1.25, for a \$100 deductible, multiply your premium by 1.10, for a \$500 deductible, multiply your premium by .90, for a \$1,000 deductible, multiply your premium by .80 and for a \$2,500 deductible, multiply your premium by .70.

<b>Coinsurance</b>	<b>As described below</b>
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**For treatment received outside the U.S. -** No coinsurance

**For treatment received within the U.S. in the PPO Network -** The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

**For treatment received within the U.S. out of the PPO Network-** The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

<b>Benefit Period</b>	<b>Six months from the date of Injury or Illness under special conditions as outlined below</b>
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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 occurrence for the covered injury or illness. If treatment began less than six months before the policy expired, benefits for the covered injury or illness will continue subject to the Policy Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

<b>Secondary Benefit Period</b>	<b>As described below</b>
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If a covered illness or injury is considered under the Benefit Period and that Benefit Period runs congruent to the Period of Coverage, the Benefit Period will be extended 60 days following the expiration date.

# PLAN DETAILS

## PLP PLUS®

PLP Plus provides coverage for U.S. citizens traveling abroad for up to a maximum of one year. Coverage can be renewed in monthly increments for up to three years of total coverage if the original period of coverage is three months or greater. Coverage is not available for travel in the U.S. Each insured person must only satisfy one deductible and coinsurance within each yearly coverage period.

In addition to the benefits listed on pages 3 & 4, PLP Plus also provides the benefits outlined below, subject to all Conditions of Coverage.

**Sudden Recurrence of a Pre-existing Condition** - A pre-existing condition must be stabilized for at least 30 days prior to the effective date without change in treatment to qualify for this benefit. For all periods of coverage, the plan will pay up to US\$15,000 for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing

Condition while traveling outside the U.S. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 9. These benefits are subject to selected deductible and coinsurance (if any) and secondary to any other valid and collectible insurance.

**Indemnity** – PLP will pay directly to the insured person US\$100 for each night of a required overnight stay in a hospital. However, the hospital stay must be covered under this plan in order to receive this benefit.

*All premium rates are in U.S. dollars and are effective through December 31, 2007. Rates include 2.5% surplus lines tax where applicable. A dependent child is your child shown on the Enrollment form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid. Please note there are alternative medical limits available for special situations and group plans. Please call Adams & Associates International for further details.*

<b>PLP PLUS</b>						
Premiums listed are for a \$250 Deductible Plan. Minimum premium is \$25 per certificate.						
	<b>Option 1- (1), (2) \$100,000</b> (Reduced limits at 70+)		<b>Option 2 \$500,000</b>		<b>Option 3 \$1,000,000</b>	
<b>Age</b>	<b>One Month</b>	<b>Day</b>	<b>One Month</b>	<b>Day</b>	<b>One Month</b>	<b>Day</b>
<b>18-29</b>	\$43	\$1.50	\$49	\$1.70	\$55	\$1.90
<b>30-39</b>	\$49	\$1.70	\$65	\$2.20	\$71	\$2.40
<b>40-49</b>	\$76	\$2.60	\$83	\$2.80	\$92	\$3.10
<b>50-59</b>	\$124	\$4.30	\$139	\$4.70	\$155	\$5.20
<b>60-64</b>	\$147	\$4.90	\$173	\$5.80	\$204	\$6.80
<b>65-69</b>	\$157	\$5.30	\$179	\$6.00	\$214	\$7.20
<b>70-79(1)</b>	\$230	\$7.70	N/A	N/A	N/A	N/A
<b>80+(2)</b>	\$428	\$14.50	N/A	N/A	N/A	N/A
<b>Dep. Child</b>	\$26	\$0.95	\$31	\$1.02	\$32	\$1.10
<b>Child Alone</b>	\$41	\$1.50	\$47	\$1.60	\$51	\$1.70
<b>(1) 70-79</b>	\$50,000 Policy Maximum					
<b>(2) 80+</b>	\$10,000 Policy Maximum					

**PLP AMERICA®**

PLP America provides coverage for non-U.S. citizens traveling abroad for up to a maximum of one year. If you or other family members applying for coverage are age 65 or older, please see the Eligibility Requirements section for additional information. Although the PLP 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.

In addition to the benefits listed on pages 3 & 4, PLP America also provides the benefit outlined below, subject to all Conditions of Coverage.

**Sudden Recurrence of a Pre-existing Condition** - A pre-existing condition must be stabilized for at least 30 days prior to the effective date without change in treatment to

qualify for this benefit. For periods of coverage less than six months, the plan will pay up to US\$500 for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition. For periods of coverage from six months up to 12 months, the plan will pay up to US\$1,500 for the eligible expenses of a sudden and unexpected recurrence of a Pre-existing Condition. For the definition of a Pre-existing Condition, please see exclusion number 1 on Page 9. These benefits are subject to selected deductible and coinsurance (if any) and secondary to any other valid and collectible insurance.

*All premium rates are in U.S. dollars and are effective through December 31, 2007. Rates include 2.5% surplus lines tax where applicable. A dependent child is your child shown on the Enrollment form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid. Please note there are alternative medical limits available for special situations and group plans. Please call Adams & Associates International for further details.*

<b>PLP AMERICA</b>						
Premiums listed are for a \$250 Deductible Plan. Minimum premium is \$25 per certificate.						
	<b>Option 4- (1), (2) \$50,000 (Reduced limits at 70+)</b>		<b>Option 5 \$250,000</b>		<b>Option 6 \$500,000</b>	
<b>Age</b>	<b>One Month</b>	<b>Day</b>	<b>One Month</b>	<b>Day</b>	<b>One Month</b>	<b>Day</b>
<b>18-29</b>	\$49	\$1.70	\$58	\$2.00	\$73	\$2.50
<b>30-39</b>	\$64	\$2.10	\$76	\$2.60	\$96	\$3.20
<b>40-49</b>	\$96	\$3.20	\$108	\$3.60	\$143	\$4.80
<b>50-59</b>	\$137	\$4.60	\$167	\$5.60	\$202	\$6.80
<b>60-64</b>	\$162	\$5.40	\$198	\$6.60	\$235	\$7.90
<b>65-69</b>	\$184	\$6.20	\$236	\$7.90	\$257	\$8.60
<b>70-79(1)</b>	\$249	\$8.30	N/A	N/A	N/A	N/A
<b>80+(2)</b>	\$433	\$14.50	N/A	N/A	N/A	N/A
<b>Dep. Child</b>	\$29	\$1.00	\$32	\$1.10	\$41	\$1.14
<b>Child Alone</b>	\$45	\$1.50	\$54	\$1.80	\$68	\$2.30
<b>(1) 70-79</b>	\$50,000 Policy Maximum					
<b>(2) 80+</b>	\$10,000 Policy Maximum					

# ENROLLMENT PROCESS / APPLICATION FORM

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

*You may now enroll online at [www.aaintl.com](http://www.aaintl.com) - under "Products," click on PLP.*

## HOW TO ENROLL

Before you begin your travel, simply fill out the attached Application Form and pay the premium for the time period you and your family will be traveling. Once you have completed the Enrollment Form, return it to Adams & Associates International, P.O. Box 5845, Columbia, SC 29250-5845 or fax to (803) 252-1988. *You may now enroll online at [www.aaintl.com](http://www.aaintl.com) - under "Products," click on PLP.*

You, your spouse 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: (a) The date IMG receives your completed Application Form and the appropriate premium due; (b) For U.S. citizens under PLP Plus: the date you legally depart from the United States. For non-U.S. citizens under PLP America: the date you arrive in your host country; or (c) the date requested on your Application Form.

PLP coverage and benefits for the Insured Person under this insurance will terminate effective at 12:01 a.m. EST, on the earliest of the following dates: (a) the next day following the end of the coverage period for which Premium has been paid; or (b) the termination date as shown on the Declaration of Insurance; or (c) the date the Master Policy is terminated pursuant to Section B (17) of the SPD; or (d) the date the insured person returns to his/her home country (unless, for U.S. citizens, home country coverage has been elected).

## 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 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 delivery, fax confirmation or special correspondence, there is an additional charge listed on the application form. If enrolling online, please print a copy of this brochure for your records. Once your online enrollment has been processed you will receive an email Certificate of Insurance that should be attached to this brochure. If your fulfillment kit has not arrived by your departure date, please carry this entire document on your person when traveling overseas.

## ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in a Partner Link Plan.

- For those over age 65 and visiting the U.S., your initial Period of Coverage must begin within 30 days of arrival in the U.S. This requirement will be waived with proof of previous valid insurance. Please provide the name of your 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.
- Partner Link Plan is travel insurance for U.S. citizens traveling outside the United States and for non-U.S. citizens traveling outside their home country.

## PRECERTIFICATION

Each proposed hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, which means the insured person or their attending physician must call the number listed on the PLP-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 an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the precertification requirements.

## FOR PRECERTIFICATION, EMERGENCY EVACUATION AND REPATRIATION

- |                           |  |
|---------------------------|--|
| Call IMG in the U.S.      | 1-800-628-4664 (toll free)<br>1-317-655-4500 |
| Call IMG outside the U.S. | 001-317-655-4500<br>(collect if necessary)   |

This information will also be provided on your ID card.

## CLAIM PAYMENT

Claim forms are available online at [www.imglobal.com](http://www.imglobal.com) under “Forms Library.” All benefits payable under PLP 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 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 form and original receipts to:** International Medical Group, Inc., 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 at [insurance@imglobal.com](mailto:insurance@imglobal.com)

## 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 PLP plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary (URC) 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.

## EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE

1. All Conditions and all Exclusions apply to this coverage except numbers 1 and 18.
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. An emergency, for purposes of evacuation, is hereby defined as a life or limb threatening medical condition that could result in loss of life or limb to the insured person.

## OPTIONAL RIDERS

### PLP Return Rider

The PLP Return Rider is **only available to non-U.S. citizens who have purchased PLP America.** When purchased at the time of application, the PLP Return Rider provides temporary medical coverage for non-U.S. citizens returning to their country of citizenship. The insured person must be outside his/her country of citizenship at time of application. For premium information, please see the back of the Application Form.

### Extreme Sports Rider

The Extreme Sports Rider is available on both Partner Link Plans and adds up to 12 months of coverage for those under the age of 50. This rider provides up to US\$50,000 lifetime maximum for the following activities: abseiling, BMX, bungee jumping, canyoning, caving, flying (private plane), hang gliding, heli-skiing, high diving, hot air ballooning, kayaking, inline skating, mountaineering (ropes and guides to 4500m from ground level), paragliding, parascending, rappelling, rock climbing (ropes and guides to 4500m from ground level)), sky-diving, spelunking, whitewater rafting (to Class V). These extreme activities must be engaged in solely for leisure, recreation, or entertainment purposes.

Monthly Rates	
U.S. Citizen	Non-U.S. Citizen
US\$30	US\$45

### Enhanced AD&D Rider

This optional coverage is available for the primary insured person only. This coverage is in addition to the Accidental Death and Dismemberment already included in the PLP plans. Coverage must be purchased for a minimum of three months.

Monthly Rates - coverage must be purchased for a minimum of three months.	
Up to US\$100,000 additional coverage	US\$8
Up to US\$200,000 additional coverage	US\$16
Up to US\$300,000 additional coverage	US\$24
Up to US\$400,000 additional coverage	US\$32

## 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.

## UNIVERSAL RX PHARMACY DISCOUNT SAVINGS

This is a discount savings program available to *every* certificate holder of the Partner Link Plan. 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 Partner Link Plan. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

## LOCATING A PROVIDER

With the Partner Link Plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you may reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG (all PPO providers are contracted separately through First Health Group Corp.).

IMG also provides an online International Provider Access<sup>SM</sup> (IPA) database that can be used to locate health care providers outside the U.S. as needed.

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

## EXCLUSIONS

1. Pre-existing Conditions: Charges resulting directly or indirectly from any Pre-existing Condition, defined as any injury, illness (including pregnancy), disease or Mental or Nervous Disorder for which treatment was received or prescription medications or drugs were taken during the thirty six (36) months just prior to the Insured Person's initial effective date. *(This exclusion is waived for purposes of Emergency Medical Evacuation or Repatriation)*
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. Voluntary participation in War; political insurrection, protest; or any act thereof. In no event will the Company pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
7. 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.
8. Injury sustained while participating in any professional athletics.

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 resulting from or occurring during the commission 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 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 alcohol or drugs.
15. Willfully self-inflicted injury or illness.
16. Treatment required as a result of 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 *(This Exclusion is waived for purposes of Emergency Medical Evacuation or Repatriation)*.
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 exposure to nuclear radiation, and/or radioactive material(s).
22. For piloting or riding in any aircraft except while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from : (1) any civilian aircraft having a current and valid airworthiness certificate, and piloted by a person who holds a valid and current certificate of competency of a rating authorizing him/her to pilot such aircraft; or (2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by a similar air transport service of a recognized sending organization (such as MAF) and licensed according to the duly constituted governmental authority of any other recognized country. The term "airworthiness certificate" as used in this insurance shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry. **SPECIAL NOTE: Crew Members may be covered only upon prior notification and approval by the Company.**

*This brochure contains only a consolidated and summary description of all current Partner Link Plan 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. 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.*

## MyIMG<sup>SM</sup>

With this tool you have the ability to access the information you need to manage your account online 24 hours a day, seven days a week from anywhere in the world. You can check the status of your claims submissions, retrieve explanation of benefits, read announcements, obtain certificate documents, initiate precertification and search for physicians within the First Health Network (PPO) as well as through the International Provider Access<sup>SM</sup> (IPA), a database of over 8,600 facilities outside the United States!

### CONTACT INFORMATION

For plan coverage questions, explanation of benefits or enrollment, please contact:



**Adams & Associates International**

**P.O. Box 5845**

**Columbia, SC 29250-5845 USA**

**Telephone: 1-800-922-8438 or 1-803-758-1400**

**Fax: 1-803-252-1988**

**Email: [aai@aaintl.com](mailto:aai@aaintl.com)**

**Web: [www.aaintl.com](http://www.aaintl.com)**

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For verification of benefits, precertification, claim filing or status, please contact:



**International Medical Group<sup>®</sup>, Inc.**

**P.O. Box 88500**

**Indianapolis, IN 46208-0500 USA**

**Telephone: 1-800-628-4664 or 1-317-655-4500**

**Fax: 1-317-655-4505**

**Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)**

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

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Plan Underwriter:



**SIRIUS**  
INTERNATIONAL

PLP<sup>®</sup> plans are surplus lines products underwritten by Sirius International Insurance Corporation (publ).

Sirius International is rated A (excellent) by A.M. Best and A- by Standard and Poor's. Sirius International is a White Mountains Re Company.

**1. Primary applicant information: Partner Link Plan®** Please print legibly and complete ALL SECTIONS (front and back) of this application.  Male  Female

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

Passport, SSN, or Driver's License Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

Home Country \_\_\_\_\_ Destination Country(ies) \_\_\_\_\_

Please indicate beneficiaries for the accidental death and common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for his/her spouse and children.

Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Beneficiary for Spouse/Children \_\_\_\_\_ Relationship to Spouse/Children \_\_\_\_\_

**2. Send Confirmation of Coverage, Fulfillment Kit, and renewal information (if applicable) to:**  
 I will use the Online Fulfillment Kit Option (see page 7 for details - an email address is required)

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

Address, City, State, Country, Postal Code \_\_\_\_\_

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

<input type="checkbox"/> <b>PLP Plus®</b>	<input type="checkbox"/> <b>PLP America®</b>
Option Number: 1__ 2__ 3__	Option Number: 4__ 5__ 6__
<input type="checkbox"/> <b>Applicants over age 65</b> (see page 7 for details)	<b>Must complete for all plans</b> (month / day / year)
Current Carrier _____	Requested effective date: ____/____/____
Date of arrival in the U.S. _____ <b>OR</b>	(see How to Enroll, page 7)
Expiration date of current coverage _____	Date of departure from your Home Country: ____/____/____
	Date of return to Home Country: ____/____/____

**4. Names of Persons to be insured:**

	Date of Birth (month/day/year) REQUIRED	Age	Monthly Rate*	# of months travel coverage	Daily Rate*	# of days
<input type="checkbox"/> Applicant _____	____/____/____	____	_____	X = _____	_____	X = _____
<input type="checkbox"/> Spouse _____	____/____/____	____	_____	X = _____	_____	X = _____
<input type="checkbox"/> Child _____	____/____/____	____	_____	X = _____	_____	X = _____
<input type="checkbox"/> Child _____	____/____/____	____	_____	X = _____	_____	X = _____
▲ Please check the box in front of the applicant's name for those who would like to purchase the optional Extreme Sports Rider. Please see page 8 for more information.						
			Total (A)	Total (B)		Total (C)

Please attach additional sheet for more children  
 \*use applicable monthly and daily rates (see pages 5 and 6)

**5. Home Country Coverage (HCC)** (see page 3 for details)  
 One month after five months of purchased Travel Medical coverage or three months after nine months of purchased Travel Medical 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	# of Months HCC Coverage	Total HCC Premium
Total (A)	X	Total (D)
_____	_____	_____

6. CIRCLE ONE	Deductible	Rate Factor	Deductible	Rate Factor
Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box in Section 7	US\$0	1.25	US\$500	.90
	US\$100	1.10	US\$1000	.80
	US\$250	1.00	US\$2500	.70

Application Form continued on back

<b>7. (B) Monthly premium total</b> (from Total (B) in Section 4)	_____
<b>(C) Daily premium total</b> (from Total (C) in Section 4)	+ _____
<b>(D) HCC premium total</b> (from Total (D) in Section 5)	+ _____
	= _____
Deductible rate factor (see Section 6)	x _____
<b>(E) Base premium -</b> <b>enter in the space below</b>	_____
<b>PLP Return Rider</b> enter .05 if applicable	_____ <b>(F)</b>
<b>(F) Go to space below and place</b> <b>this factor to the right of the 1.</b>	
<b>Extreme Sports Rider</b> - To purchase this option, complete the following calculation:	
_____ X _____ X _____ = _____ <b>(G)</b> # of travelers # of Rate who require months from this rider page 8	
<b>Enter (G) in the space below</b>	
<b>Enhanced AD&amp;D Rider</b> - To purchase this option, complete the following calculation:	
_____ X _____ = _____ <b>(H)</b> # of months Rate from page 8	
<b>Enter (H) in the space below</b>	
<b>(E) Enter the amount from E</b>	_____
<b>(F) Enter the amount from F</b> <b>to the right of the 1.</b>	x <b>1.</b> _____
	= _____
<b>(G) Enter the amount from G</b>	+ _____
<b>(H) Enter the amount from H</b>	+ _____
<b>US\$20 optional express mail</b>	+ _____
<b>TOTAL AMOUNT DUE</b>	= _____

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

**8. SUBSCRIPTION** I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Partner Link Plan as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (iii) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) by submission of this application and/or any future claim for benefits I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its agent and administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

**ACKNOWLEDGEMENT** I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous 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 and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

**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 (we) hereby certify, represent and warrant that: (i) I (we) have read the foregoing statements and the brochure or they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for, (iii) I am (we are) currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing 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 guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind applicant.

**X** Signature of Insured or Proxy \_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_

<b>IMG Producer Use Only</b>	
Producer#10259	_____
GA#	_____
Name	Adams & Associates International
Address	PO Box 5845
	_____
City, State, Zip	Columbia, SC 29250-5845 US
Phone:	1-800-922-8438 or 803-758-1400

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

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

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_  
Your Daytime Phone \_\_\_\_\_  
Your Billing Address \_\_\_\_\_