

Patriot Group Travel Medical Insurance

imglobal.com

No deductible with \$50,000 limit

December 29, 2015-January 9, 2016 – 12 days

EXCLUSIONS AND LIMITATIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Patriot Group plans and include but are not limited to:

1. A Preexisting

Condition which is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting 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. The Company will not 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. 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. Any illness or injury sustained while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are excluded unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heliskiing, high diving, hot air ballooning, inline skating (with proper use of helmet and pads), jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a noncommercial aircraft, rappelling, rock climbing or mountaineering (rope and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting

(to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity.

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

9. Vision or ear tests and the provision of visual or hearing aids.

10. Vocational, recreational, speech or music therapy.

11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.

12. Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.

13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.

14. Injury and/or illness resulting or arising from being under the 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).

22. Any infection of the urinary tract (or illness arising therefrom), that occurs within ninety (90) days of the Effective Date of coverage and that requires Treatment of the Insured Person in a Hospital; provided, that any such illness will be deemed by the Company to be a Preexisting Condition. See the "Sudden and Unexpected Recurrence of a Pre-existing Condition," description within the benefits section.

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 Group Travel 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 agent 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 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 agent and administrator, and invoke the benefits and protections of Indiana law, 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.

ACKNOWLEDGEMENT I (we) understand and agree that: (i) marketing brochures and certificate wordings are available prior to application upon request, (ii) the insurance agent/broker assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "preexisting condition"), will be excluded from coverage under this insurance, (iv) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or to be performed in any particular state of the United States, and (v) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided thereunder, and IMG acts solely as agent for the Company and has no direct or independent liability under the Master Policy or any Certificate of Insurance.

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

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 preexisting 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.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) The Sponsor and all group members understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) on January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so, (iii) eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA, and (iv) The Sponsor and all group members understand that it is solely their responsibility to determine if PPACA is applicable to them..