EMPLOYER GROUP Insurance Application

COMMUNITY INSURANCE AGENCY INC
QUALITY SERVICE TO THE COMMUNITY SINCE 1980

PLEASE COMPLETE THE APPLICATION AND SEND IT TO:
Community Insurance Agency, Inc.
425 Huehl Rd. Suite 22-A
Northbrook, IL 60062
Phone: 1-847-897-5120 or 1-800-344-9540
Fax: 1-847-897-5130
info@visitorsinsurance.com

IMG
INTERNATIONAL MEDICAL GROUP

Plan Holder Information

Group Policy No:_____

No. of Employees of your company:_____ No. of eligible employees to be insured:_____

Employer's Legal Name:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Nature of Business:_____

Name of Correspondent:_____ Request Effective Date:_____

Phone:_____ Fax:_____ Email:_____

Group Medical Coverage Selected: Please select your plan, deductible & coverage. ☑

PLAN A: $150 Deductible & $50,000 Maximum ❑
PLAN B: $150 Deductible & $100,000 Maximum ❑
PLAN D: $200 Deductible & $250,000 Maximum ❑

IN-NETWORK	OUT-OF-NETWORK
90/10% to $5,000 and 100% thereafter	80/20% to $5,000 and 100% thereafter

PLAN C: $100 Deductible & $50,000 Maximum ❑
PLAN E: $100 Deductible & $100,000 Maximum ❑
PLAN F: $250 Deductible & $250,000 Maximum ❑

IN-NETWORK	OUT-OF-NETWORK
100% after Deductible up to the Maximum	90/10% to $5,000 and 100% thereafter

Monthly Premium

$_____ Per Employee $_____ Per Couple $_____ Per Family

The undersigned employers read the outline of coverage with Sirius International Insurance Corporation (publ) who will provide the group coverage for our company for full-time non-U.S. national employee/spouse of the participating organization.

Employer's Signature

X_____ Date Application Completed: _____
(Name and Title)