

■ A SPECIALTY ACCIDENT AND SICKNESS PROGRAM

A program exclusively designed for computer consultants



A Program Specially Designed By:



QUALITY SERVICE TO THE COMMUNITY SINCE 1980

425 Huehl Rd. Suite 22-A
Northbrook, IL 60062

phone: 1-847-897-5120 or 1-800-344-9540

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The Specialty Group Accident & Sickness™ insurance plan (SAS or “The Plan”) is designed specifically for computer consulting companies who transfer or send employees and their families from overseas to work in the United States or Canada on business or special visa. These employees must be working outside their home country to be eligible for participation in the SAS Plan.

Eligibility

In order for an employer group to be eligible for participation in this coverage, its employees and their dependents must be:

- Active full-time employees of the participating organization or the spouse or dependent child of the employee (over 14 days and under 18 years of age);
- Working and/or living outside their country of citizenship and residence (while working in the USA); and
- On record as a full-time employee with the participating company.

Effective Date of Coverage

Upon acceptance into the Plan, the coverage can be effective on either the 1st or the 15th of the month.

Summary Description of Coverage

If an employee or his/her dependents require medical or surgical treatment during the period of coverage, the covered person will be required to pay the applicable deductible, and then the Plan will pay eligible claims up to the specified plan maximum, subject to the terms, conditions, and exclusions of the certificate wording as summarized within this application and brochure.

MEDICAL Benefits Plan

| Plan A | | Plan B | | Plan D | |
|--|----------|------------|---|------------|-----------|
| Employee | \$68 | Employee | \$78 | Employee | \$90 |
| Couple | \$148 | Couple | \$160 | Couple | \$180 |
| Family | \$210 | Family | \$240 | Family | \$270 |
| Deductible | \$150 | Deductible | \$150 | Deductible | \$250 |
| Maximum | \$50,000 | Maximum | \$100,000 | Maximum | \$250,000 |
| IN-NETWORK Once the deductible has been met, the plan will pay 90% of the next \$5,000 in eligible expenses, and then 100% of eligible expenses up to the selected plan maximum. | | | OUT-OF-NETWORK Once the deductible has been met, the plan will pay 80% of the \$5,000 in eligible expenses, and then 100% of eligible expenses up to the selected plan maximum. | | |

| Plan C | | Plan E | | Plan F | |
|---|----------|------------|---|------------|-----------|
| Employee | \$84 | Employee | \$92 | Employee | \$104 |
| Couple | \$170 | Couple | \$190 | Couple | \$208 |
| Family | \$250 | Family | \$280 | Family | \$298 |
| Deductible | \$100 | Deductible | \$100 | Deductible | \$250 |
| Maximum | \$50,000 | Maximum | \$100,000 | Maximum | \$250,000 |
| IN-NETWORK Once the deductible has been met, the plan will pay 100% of eligible expenses up to the selected plan maximum. | | | OUT-OF-NETWORK Once the deductible has been met, the plan will pay 90% of the next \$5,000 in eligible expenses then 100% of eligible expenses up to the selected plan maximum. | | |

PLAN INFORMATION: Each of the SAS Plans includes \$25,000 Accidental Death and Dismemberment coverage per adult, and \$10,000 per covered dependent child. However, the premium rates quoted above are only valid for persons up to age fifty. For those aged fifty and above, this coverage is available at increased rates. The deductible is PER POLICY PERIOD. Monthly billing is available and any additions or deletions of covered members may be requested by fax. Twelve-month insurance certificates may be annually renewed. Certificates can be written for a minimum of five employees, and may be customized based on an employer’s requirements, subject to approval by the underwriter and carrier.

Covered Expenses

- Charges made by a hospital for room and board, floor nursing and other services, including charges for professional medical services (excluding personal services of a non-medical nature): provided, however, that expenses do not exceed the hospital's usual customary charge for semi-private room and board accommodations;
- Charges made for diagnosis, treatment and surgery by a physician;
- Charges made for the cost and administration of anesthetics;
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and related medical treatment;
- Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement, and if administered by a licensed and duly qualified physiotherapist: and
- Hotel room charge, when insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to the unavailability of a hospital room by reason of capacity or distance to any other circumstances beyond the control of the insured;
- Dressings, prescription drugs and other medicines that can only be obtained upon written prescription of a physician or surgeon.

The covered charges enumerated above shall in no event include any amount of such charges which are in excess of usual, customary and reasonable charges. A charge incurred by an insured shall be deemed a usual, reasonable and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the area where received, considering the nature and severity of the sickness or bodily injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are actually rendered or obtained.

Accidental Death and Dismemberment

Principal Sum: Class I: \$25,000
 Class II: (Spouse) \$25,000
 Class II: (Children) \$10,000

Loss of Life.....The principal sum

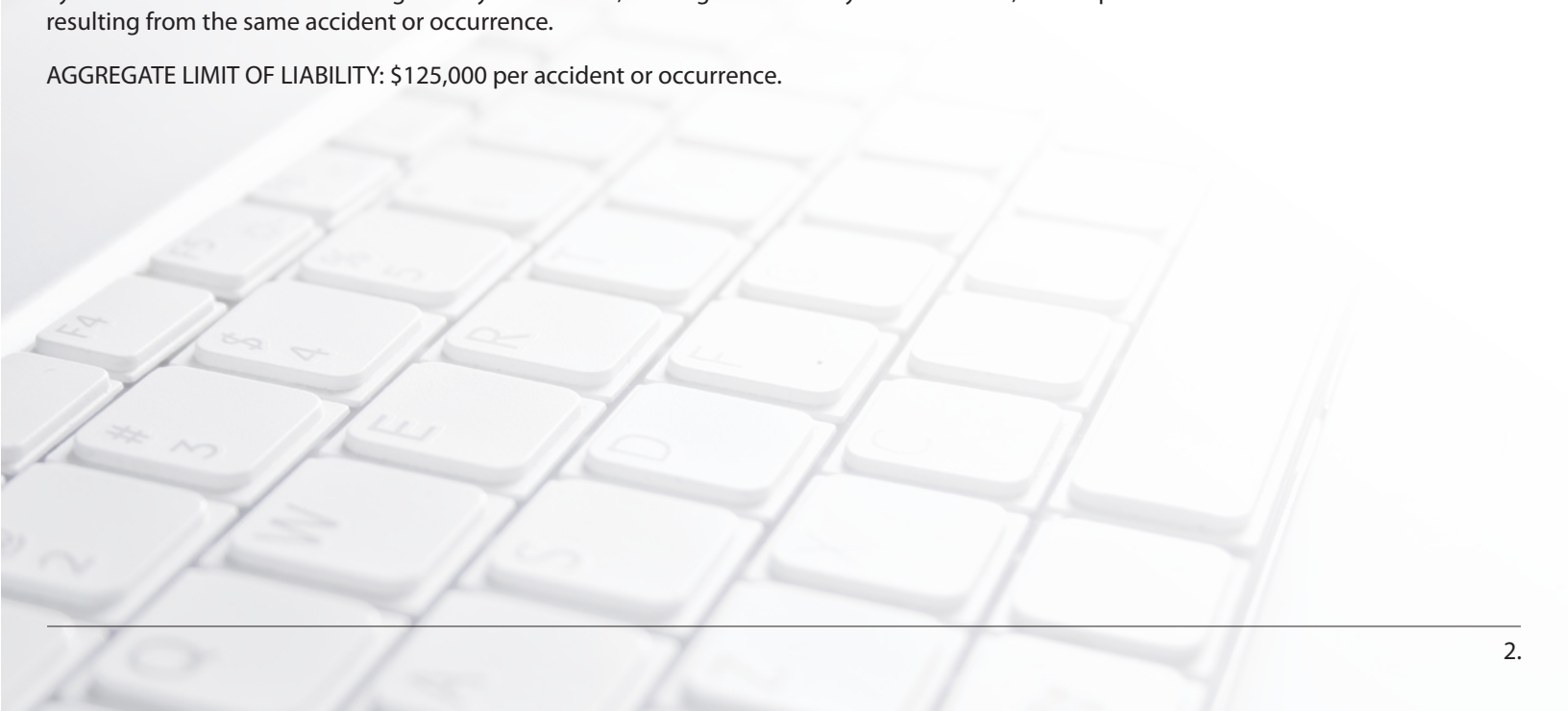
Loss of two or more members.....The principal sum

Loss of one member.....Half the principal sum

“MEMBER” means hand, foot, or eye.

“LOSS” means total loss of use of a hand or foot, or actual severance through or above the wrist or ankle joint, or an eye or the irrecoverable loss of sight. Only one benefit, the largest to which you are entitled, will be paid for losses resulting from the same accident or occurrence.

AGGREGATE LIMIT OF LIABILITY: \$125,000 per accident or occurrence.



Exclusions for Medical Expense Benefits

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

1. *Pre-existing Conditions. A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that existed at the time of application or at any time during the five years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, and also including any heart, cancer, tumor, blood vessel or circulatory system condition, illness, sickness, disease, disorder, or complication thereof that arose, manifested itself, was treated, or otherwise existed with out manifestation at any time during such five-year period.*
2. *Treatment or surgeries which are elective, investigational, experimental or for research purposes.*
3. *War, political insurrection, protest, or any act thereof.*
4. *Immunizations and routine physical exams.*
5. *Treatment of Temporomandibular Joint or dental treatment, except as provided for herein.*
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: (i) amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition, and/or (ii) other hazardous sporting activities, such as scuba diving, mountain climbing, jet, snow and water skiing and snowboarding, skydiving, amateur racing, piloting an aircraft, bungee jumping and spelunking (subject to coverage by the Optional Sports Rider).*
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. *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. *Injuries and/or illnesses resulting or arising from or sustained while under the influence or disablement of drugs or alcohol.*
15. *Willful self-inflicted injury or illness.*
16. *Treatment required as a result of or arising from complications from a treatment or condition not covered hereunder.*
17. *Any services or supplies performed or provided by a relative of the insured or provided at no cost to the insured.*
18. *Treatment for mental and nervous disorders.*
19. *Organ or tissue transplants or related services.*
20. *Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury, except as provided for herein.*
21. *Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).*

Exclusions for Accidental Death and Dismemberment

This insurance does not cover any loss, fatal or non-fatal, caused by or resulting from the following:

1. *Suicide or any attempt threat by Insured Person while sane or self-destructive or any attempt thereat by the insured Person while insane (in Missouri, while sane).*
2. *Disease of any kind.*
3. *Bacterial infections except pyogenic infections which shall occur through an accidental cut or wound.*
4. *Hernia of any kind.*
5. *Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as under the Definition of Injury and Scope of Cover.*
6. *Declared or undeclared war or any act thereof except as provided under War Risk Insurance.*
7. *Sen/ice in the military, naval or air service of any country.*
8. *Being under the influence of drugs or intoxicants, unless taken under the advice of a physician.*
9. *Committing or attempting to commit a felony.*

This brochure contains only a consolidated and summary description of all current SAS 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. The SAS plan is 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.

EMPLOYER GROUP Insurance Application



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



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)

ENROLLMENT FORM/CHANGE FORM Accident and Sickness Coverage



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PART 1: I would like the following coverage: Single Coverage Coverage to also include eligible dependents

This application is for: New Employee Late Enrollment Addition of Dependent(s) Change of Status
 Address Change Name Change Removal of Dependent(s) Termination Notice
 Beneficiary Change

Company Name: _____ Group Policy #: _____
 Employee Name: (Last) _____ (First) _____ (Initial) _____
 Male Female Birth Date: _____ Social Security #: _____ Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Country of Temporary Residence: _____ Requested Effective Date: _____
 Date Employed Full-Time: _____ Hours Worked Per Week: _____ Occupation: _____

Dependents/Children *(attach additional sheet, if needed)*

| Name of Dependent <i>(Last Name, First, Middle Initial)</i> | Date of Birth and Date of Marriage to Spouse | Government Issued ID # |
|--|---|------------------------|
| Spouse <input type="checkbox"/> M <input type="checkbox"/> F | | SS# |
| 1 st Child <input type="checkbox"/> M <input type="checkbox"/> F | | SS# |
| 2 nd Child <input type="checkbox"/> M <input type="checkbox"/> F | | SS# |

For dependents children age 19 or older, please indicate name & address of the college or university plus the number of hours enrolled:

PART 2: Beneficiary Information

Beneficiary Name: _____ Relationship to Employee: _____

SUBSCRIPTION I (we) hereby apply and subscribe to the Group Health, Accidental and Travel Insurance Trust, c/o Riggs National Bank, Washington, D.C., for the Specialty Group Accident & Sickness SM plan underwritten by Sirius International Insurance Corporation (publ) (the Company). I understand and agree: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage is available, (ii) coverage under the Plan is not renewable, (iii) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (iv) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company unless approved in writing by an officer of the Company, and (v) the Master Policy is issued in the United States, and is governed by its laws.

ACKNOWLEDGEMENT I understand and agree that this insurance does not provide benefits or coverage for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that existed at the time of application or at any time during the five years prior to the effective date of this insurance, including heart, cancer, tumor, blood vessel or circulatory system, and including any subsequent, chronic or recurring complications or consequences relating thereto or arising therefrom, whether or not previously manifested or known, diagnosed, treated, or disclosed (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance.

MEDICAL RELEASE I (we) hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

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

Employee Signature: X _____ Date: _____
 Spouse Signature: X _____ Date: _____

Locating a Provider

With the SAS plan, 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. 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.

Conditions of Coverage

- Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
- Coverage under a Patriot Group plan is secondary to any other coverage.
- Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
- Charges must be administered or ordered by a physician.
- Charges must be incurred during the Period of Coverage or the Benefit Period.
- 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.

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, emergency evacuation, and return of mortal remains, 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 IMG's website, www.imglobal.com. Simply look for the 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 two 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 the SAS plan 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:

- Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed by check directly to the Insured Person.
- 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 phone: 1.800.628.4664 fax: 1.317.655.4505 or email: insurance@imglobal.com.

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): This insurance is not subject to, and does not provide benefits required by, PPACA. 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. 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. Please note that it is solely your responsibility to determine if PPACA is applicable to you.

PLAN ADMINISTRATOR



As a leader in the international health insurance market, IMG® has provided Global Peace of Mind® and medical security to over a million people worldwide in more than 170 countries. For over 20 years, IMG has provided top-tier global medical insurance benefits and has developed a reputation of excellence in the international community. IMG's goal is to make the medical process smooth and efficient. With its around-the-clock medical management services, multilingual claims administrators and highly trained customer service professionals, IMG is confident in its ability to provide the products international travelers need, backed by the services they want. IMG is based in Indianapolis, Indiana USA and is your single resource for international travel needs.

For more information, call 1.866.368.3724, e-mail info@imglobal.com or visit www.imglobal.com.

PLAN UNDERWRITER



Our globally recognized underwriter, Sirius International Insurance Corporation (publ), offers the financial security and reputation demanded by international consumers. Rated A (excellent) by A.M. Best and A- by Standard & Poor's, Sirius International shares our vision of the international marketplace and offers the stability of a well-established insurance company.

OTHER PRODUCTS available From CIA



Visitors Medical Protection™

Short-term health insurance for non-U.S. nationals, including international visitors, temporary residents or green card holders traveling worldwide (Including U.S.) or U.S. citizens traveling abroad.

Visitors Care®

Low cost health insurance with limited schedule of benefits for foreign nationals visiting the U.S.

Global Medical Insurance®

Annually Renewable Major medical insurance plan for immigrants and non-immigrants.

For additional information please contact:



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