



INTERNATIONAL MEDICAL GROUP

**Claims Administrator**

P.O. Box 44914  
Indianapolis, IN 46244 USA  
Please call 866.243.7524 or 317.655.9798  
Fax: 317.655.4505  
Email: [iTravelclaims@iTravelInsured.com](mailto:iTravelclaims@iTravelInsured.com)  
[www.imglobal.com](http://www.imglobal.com)



iTravelInsured

**Program Manager**

**For Claims or Emergency Travel Assistance Only:**

P.O. Box 44914  
Indianapolis, IN 46244 USA  
Toll Free (U.S. and Canada): 866-243-7524  
Outside U.S. and Canada: 01-317-655-9798  
Email: [itravelclaims@itravelinsured.com](mailto:itravelclaims@itravelinsured.com)  
Fax: (317) 655-4505

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**ASSOCIATION REFERRAL INFORMATION**

**Contact Information:**  
Walter E. Jamison  
1724 E. 800 Road  
Lawrence, KS US 66049  
Phone: 785-842-3976  
[walter@speedyisp.net](mailto:walter@speedyisp.net)  
<http://www.TryHSA.com>

Insurance products are underwritten and offered where available by Sirius America Insurance Company, New York, NY 10036 and NOVA Casualty Company, Buffalo, NY 14203.

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INTERNATIONAL MEDICAL GROUP



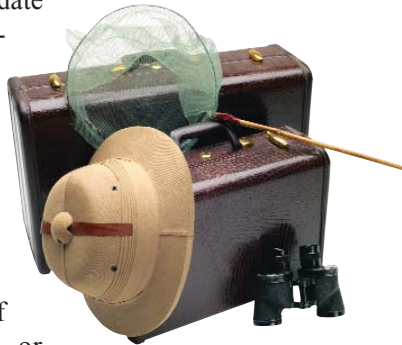
**Patriot  
T.R.I.P.<sup>SM</sup>**

*Trip cancellation insurance  
to protect your travels*



## Protecting your travels

Planning a trip is half the fun of traveling. You select how you're going to travel, where you'll stay, and what adventures you'll have while you are away. You make your reservations, make the required payments, update your passport if necessary, and you're ready to go. But what if you are prevented from taking your trip? What if you become ill or injured before or during your trip? What if your selected airline or cruise line should go out of business? Those hard-earned payments could be lost.



To help protect you from losing the money you've spent to travel, there is Patriot T.R.I.P.<sup>SM</sup>, (Travel Itinerary Protection), a trip cancellation insurance plan. Patriot T.R.I.P. provides coverage for many of those unforeseen circumstances that may force the cancellation of your travel plans or interrupt your covered trip. A covered trip is any travel and sojourn to a destination more than 120 miles from the starting point of the covered trip and not exceeding 30 consecutive days.

With Patriot T.R.I.P., you may recover non-refundable, unused payments and deposits when a trip is cancelled or interrupted for a variety of reasons. Benefits are also provided for travel delays, baggage delays, and emergency medical treatment while you're away from home.

Separate from these benefits, International Medical Group® (IMG®) can provide non-insurance emergency travel assistance, such as helping you replace lost travel documents or lost prescriptions, emergency cash transfers, and legal and medical referrals when necessary. All of these services are designed to make your trip as stress-free as possible.

Traveling can be an exciting adventure, but the unexpected could happen. Make sure you have the protection you need with Patriot T.R.I.P.



### Program manager

iTravelInsured has a wealth of experience designing and managing travel protection programs. Since 1999, on behalf of recognized insurers, iTravelInsured has offered protection to over 300,000 travelers.



### Claims administrator

Since 1990, International Medical Group has provided a full-service approach to insurance coverage. IMG and its wholly-owned subsidiary, International Medical Administrators<sup>SM</sup>, Inc., have provided coverage services to more than 500,000 clients in 150 countries.

IMG earns the confidence of its clients by delivering superior service around the globe, around the clock. Its dedicated staff of professionals includes multilingual claims administrators, on-site medical staff, and customer service professionals who work together to help meet your needs.



### NSBTHA membership

When you purchase Patriot T.R.I.P., you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association, you will be provided with non-insurance emergency travel assistance services and information about events, legislation, and other matters that affect travel. Information about NSBTHA is available at [www.nsbtha.com](http://www.nsbtha.com).

*Insurance products are underwritten and offered where available by Sirius America Insurance Company, New York, NY 10036 and NOVA Casualty Company, Buffalo, NY 14203.*

## Benefit Highlights

<p><b>Trip Cancellation/Interruption</b></p> <ul style="list-style-type: none"> <li>• Your illness, injury or death, or that of a family member, a business partner, a travel companion, or a travel companion’s family member</li> <li>• Financial default of a travel supplier</li> <li>• A terrorist incident</li> <li>• Organized labor strike, natural disaster or bad weather resulting in the cessation of the travel supplier’s services</li> <li>• Hijacking</li> <li>• Medical quarantine</li> <li>• Jury duty</li> <li>• Your home or that of a travel companion made uninhabitable by fire, windstorm, vandalism, or flood</li> <li>• Your auto accident or that of your travel companion on the way to the scheduled departure point</li> <li>• Cancelled leave if you or your travel companion is on active duty for the military, police or fire department</li> <li>• Employer termination or layoff</li> </ul>	<p style="text-align: center;">The amount of your trip you elected to protect, up to US\$20,000</p>
<p><b>Travel Delay</b></p> <ul style="list-style-type: none"> <li>• Travel supplier delay</li> <li>• Lost or stolen passport, travel documents, or money</li> <li>• Medical quarantine</li> <li>• Natural disaster</li> <li>• Your injury or illness or that of your travel companion</li> <li>• Missed cruise departures because of flight delay due to bad weather</li> </ul>	<p>Up to US\$500</p>
<p><b>Baggage and Personal Possessions</b></p> <ul style="list-style-type: none"> <li>• Damage to, loss of, or theft of your checked or stored baggage by a common carrier or while stored with your hotel</li> </ul>	<p style="text-align: center;">Up to US\$1,000</p>

<p><b>Baggage Delay</b></p>	<p style="text-align: center;">Up to US\$100</p>
<p><b>Emergency Medical/Dental Expenses</b></p>	<p style="text-align: center;">Up to US\$10,000</p>
<p><b>Emergency Medical Evacuation/Repatriation</b></p> <ul style="list-style-type: none"> <li>• Reasonable expenses for evacuation to the nearest adequate medical facility, provided you are traveling more than 120 miles away from your primary place of residence</li> <li>• Reasonable expenses when you are confined in a medical facility more than 120 miles from your primary residence, and your treating physician and we determine it is medically necessary to transfer you to a medical facility nearer to your primary residence</li> </ul>	<p>Up to US\$20,000</p>
<p><b>Emergency Reunion or Return of Mortal Remains</b></p> <ul style="list-style-type: none"> <li>• Return of minor children or grandchildren</li> <li>• Transportation and lodging for a family member to be at your bedside</li> <li>• Return of a rental vehicle</li> <li>• Return of mortal remains</li> </ul>	<p style="text-align: center;">Up to US\$3,000</p>
<p><b>Common Carrier Accidental Death and Dismemberment</b></p>	<p style="text-align: center;">Up to US\$100,000</p>

*This is a summary of the principal provisions of the master policy offered through the NSBTHA for its members. **It is not considered to be a contract of insurance.** Complete details of coverage, terms, limitations, and exclusions that may affect benefits payable are provided in the master policy and summarized in the certificate.*

*Coverage may vary by state and may not be available in all states. Read your certificate carefully and note all state exceptions that may apply. For more information regarding the exclusions and all other terms and conditions of Patriot T.R.I.P., 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. or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.*

## 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.

*Exclusions may vary by state. Read your certificate carefully and note all exclusions that may apply. For more information regarding these exclusions and all other terms and conditions of Patriot T.R.I.P., please see the certificate wording for your state which is available upon request.*

## PRE-EXISTING CONDITIONS

We will not pay for any services or covered expenses incurred as a result of a pre-existing condition. ***However, this pre-existing condition exclusion is waived if you are under the age of 70 and coverage is purchased within 14 days from the date your initial deposit for the covered trip was paid to the travel supplier, and all insureds are medically able to travel on the date coverage is purchased.***

## HOW TO APPLY

To apply, simply fill out the Application on panels 7 and 8 and calculate the program cost based on the cost of your trip, your age, and the ages of your travel companions. Once you have completed the Application, return it to iTravelInsured. Subject to acceptance of your Application and payment of the program cost, coverage for all benefits except trip cancellation will begin on the departure date. The trip cancellation benefit will begin at 12:01 a.m. on the day after we receive your Application.

Patriot T.R.I.P. coverage ends on the earliest of the following dates: 1) Arrival at your return destination; 2) The return date; 3) The end of the coverage term as indicated on the certificate; or 4) Cancellation of the covered trip.

## APPLICATION PROCESSING

Applications normally are processed within 24 hours of receipt. Once processing is complete, a fulfillment kit will be mailed to the mailing address listed on the Application unless you request online fulfillment (see panel 9). The fulfillment kit will include your coverage verification letter, an insurance certificate, and an explanation of the non-insurance assistance services available as a benefit of membership in the NSBTHA.

## RIGHT TO CANCEL

If you are not satisfied for any reason, you may return the certificate to us within 10 days after receipt provided you have not already departed on your trip or filed a claim. The program cost will then be refunded, and the certificate will be void from the beginning.

## To Apply for Membership and Insurance

1. Complete this entire Application, panels 7 and 8.
2. If paying by check or money order, please make payable to iTravelInsured and enclose in envelope with signed Application.
3. Mail or fax completed Application to:  
iTravelInsured, P.O. Box 44914, Indianapolis, Indiana 46244 USA  
Fax 317-655-4505

I will use the Online Fulfillment Kit Option (see page 9 for details- an email address is required)

Contact Information Please Print  Mr.  Mrs.  Ms.

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Country, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Date of departure \_\_\_\_\_ Date of return \_\_\_\_\_

Total Years	0 - 49	50 - 59	60 - 69	70 +
Rate Factor	.0400	.0549	.0698	.1015

**Program Cost Calculation** (please complete the following for each traveler, using the appropriate rate factor from above). Rates are subject to change.

1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

_____ - Birth year	=	_____ Total years	\$ _____ X _____ = \$ _____
Current year			Cost of trip Rate factor Cost

2) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

_____ - Birth year	=	_____ Total years	\$ _____ X _____ = \$ _____
Current year			Cost of trip Rate factor Cost

3) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

_____ - Birth year	=	_____ Total years	\$ _____ X _____ = \$ _____
Current year			Cost of trip Rate factor Cost

4) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

_____ - Birth year	=	_____ Total years	\$ _____ X _____ = \$ _____
Current year			Cost of trip Rate factor Cost

5) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

_____ - Birth year	=	_____ Total years	\$ _____ X _____ = \$ _____
Current year			Cost of trip Rate factor Cost

Please attach a separate page, if necessary, to list all travelers and continue to panel 8.

## Total Program Cost Calculation

Please add together the program cost of each traveler to determine your total program cost\*.

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_  
#1 Cost #2 Cost #3 Cost #4 Cost #5 Cost

+ \$ \_\_\_\_\_ = Total Program Cost \$ \_\_\_\_\_  
Cost from attached pages

\*The minimum program cost per insured person is \$25.

**MEMBERSHIP I** (we) hereby apply for membership to the National Small Business Travel and Health Association.

**CERTIFICATION I** (we) hereby certify and represent that I (we) have read, or have had read to me (us), all statements and answers recorded on this application. They are true, complete and correctly recorded. I (we) understand and agree that subject to the acceptance of this application and payment of the program cost in full, coverage will begin at 12:01 a.m. on the day after this completed application is received.

**X Signature of Applicant or Proxy**

\_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Payment Method**  Check (To iTravelInsured)  
 Money Order (To iTravelInsured)  Mastercard  Visa  
 American Express  JCB  Discover

If paying by credit card, I authorize iTravelInsured to debit my credit card account for the total charge as specified in Total Program Cost. 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 \_\_\_\_\_

Producer# **21356** \_\_\_\_\_ GA# \_\_\_\_\_  
Name **Walter E. Jamison** \_\_\_\_\_  
Address **1724 E. 800 Road** \_\_\_\_\_  
City **Lawrence** \_\_\_\_\_ Phone: **785-842-3976** \_\_\_\_\_  
State **KS** \_\_\_\_\_ Zip Code **66049** \_\_\_\_\_

## ONLINE FULFILLMENT KIT

You may choose to download your fulfillment kit from the Internet rather than having it mailed to you. To do this, you must check the appropriate box on the Application. We must have your correct email address to complete this process. Once we have received and processed your Application, you will receive an email that contains all of the hyperlinks to obtain the fulfillment information through the Internet.

## TO FILE A CLAIM

To file a claim, please contact:  
International Medical Group, Inc.  
P.O. Box 44914, Indianapolis, IN 46244 USA  
Phone: 866.243.7524 or 317.655.9798  
Fax 317.655.4505

Written notice of claim must be given to us within 30 days after a covered injury, illness or loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible. The notice must include the claimant's name, your name and the certificate number.

Written proof of loss must be sent to us within 90 days after the end of each period that benefits are payable. For any other loss, written proof must be given within 90 days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible.

## EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND RETURN OF MORTAL REMAINS

1. All Conditions and Exclusions apply to these coverages.
2. All Emergency Medical Evacuation, Emergency Reunion and Return of Mortal Remains expenses and services that are incurred must be approved and coordinated in advance to be eligible for coverage.

## EMERGENCY SERVICES

**Separate from the benefits under Patriot T.R.I.P., as a member of NSBTHA the following non-insurance Emergency Travel Assistance Services are available to you from IMG:**

- ❑ **Emergency Travel Arrangements:** In the event you must return home or discontinue your trip as a result of an interruption in travel due to an illness of your spouse, child, parent, in-law, or grandparent, IMG will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.
- ❑ **Lost Passport/Travel Documents Assistance:** IMG will help you report, retrieve or replace lost or stolen travel documents, such as your passport, credit cards and airline tickets.
- ❑ **Lost Luggage Assistance:** IMG will assist you in communicating with the commercial carrier for the return of your lost luggage.
- ❑ **Embassy or Consulate Referral:** IMG will inform you of the location and contact telephone numbers for the nearest embassy or consulate, no matter where you are.
- ❑ **Emergency Message Relay:** IMG will receive or transmit emergency messages between you, your family and your employer.
- ❑ **Emergency Prescription Replacement:** IMG will assist with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs (if any).
- ❑ **Medical Referral:** If urgent medical advice or care is needed, IMG is prepared to refer you to the nearest appropriate care facility or provide a listing of available medical care to you. IMG will also help with obtaining an appointment with the medical care provider you have chosen.
- ❑ **24-Hour Medical Monitoring:** If you are hospitalized, IMG will provide medical professionals to communicate with your treating doctor(s) and help you monitor your condition. IMG can also communicate with your family doctor as you direct.
- ❑ **Emergency Cash Transfer:** IMG will help you transfer funds, up to US\$500, in the event of a medical or travel emergency.
- ❑ **Legal Referrals:** IMG will provide you with a referral to the nearest attorney.
- ❑ **Emergency Translations:** IMG will provide personal, emergency telephone translation services and referral to a local interpreter service should you require language assistance.