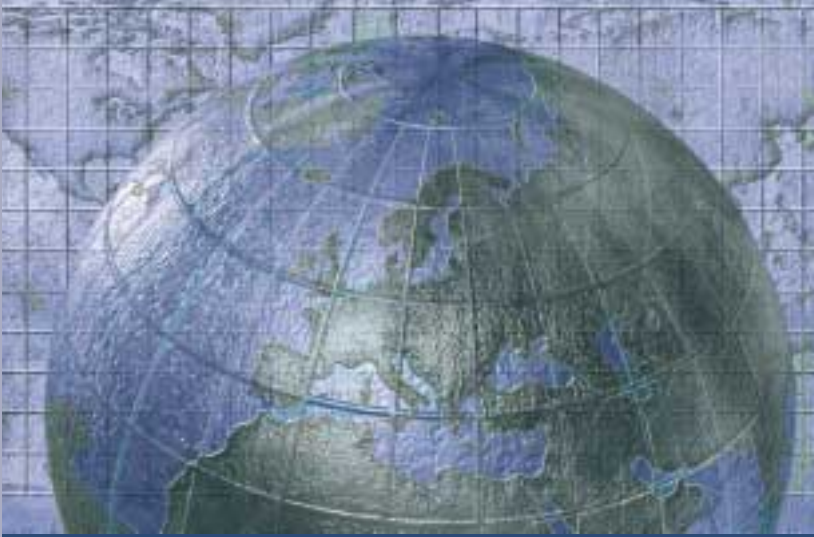




INTERNATIONAL MEDICAL GROUPSM

Afghanistan Albania Algeria Andorra Angola Antigua and Barbuda Argentina
Armenia Australia Austria Azerbaijan Bahamas Bahrain Bangladesh Barbados
Belarus Belgium Belize Benin Bhutan Bolivia Bosnia and Herzegovina Botswana
Brazil Brunei Bulgaria Burkina Faso Burundi Cambodia Cameroon Canada
Central African Republic Chad Chile China Colombia Comoros Congo Costa
Cote d'Ivoire Croatia Cyprus Czech Republic Denmark Djibouti Dominica



Dominican Republic Ecuador Egypt El Salvador Equatorial Guinea Eritrea Estonia
Ethiopia Fiji Finland France Gabon Gambia Georgia Germany Ghana Grenada
Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras Hungary

GLOBAL MEDICAL INSURANCESM

Iceland India Indonesia Iran Iraq Ireland Israel Italy Jamaica Japan Kazakhstan
Kenya Kiribati Korea Kuwait Kyrgyzstan Laos Latvia Lebanon Lesotho
Liberia Lithuania Luxembourg Macedonia Madagascar Malaysia Maldives
Mali Malta Marshall Islands Mauritania Mauritius Mexico Micronesia
Moldova Monaco Mongolia Morocco Mozambique Myanmar Namibia

Nauru Nepal Netherlands New Zealand Nicaragua Niger Nigeria Norway Oman
Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Portugal
Qatar Romania Russia Rwanda Saint Kitts and Nevis Saint Lucia Saint Vincent
and the Grenadines Samoa San Marino Sao Tome and Principe Saudi Arabia

Senegal Serbia and Montenegro Seychelles Sierra Leone Singapore Slovakia Solomon
Islands Somalia South Africa Spain Sri Lanka Sudan Suriname Swaziland
Sweden Switzerland Syria Taiwan Tajikistan Tanzania Thailand Togo Tonga

Trinidad and Tobago Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine United Arab
Emirates United Kingdom United States Uruguay Uzbekistan Vanuatu Vatican City

Verona

Yemen

Long-term, worldwide
medical coverage for
individuals and families

Security rated
A+ (superior) by
A.M. Best

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Please refer to the policy wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in this booklet.

WORLDWIDE COVERAGE FOR NON-U.S. CITIZENS AND U.S. EXPATRIATES

Becoming a global citizen can be an exciting experience, yet one that can pose potential complications. Your health care while abroad should not be one of those concerns. Whether you are moving or traveling for extended periods, traveling frequently between countries, maintaining multiple countries of residence, or exploring private health care alternatives, Global Medical Insurance is designed to meet your needs.

Global Medical Insurance offers coverage for a wide variety of international clientele. Expatriates, international executives and other travelers, diplomats, and entertainers are just a few of the individuals who are covered worldwide through this plan. Regardless of your occupation or circumstances, Global Medical Insurance can help eliminate the obstacles of time, currency and language when you are seeking international health care and medical treatment.

Global Medical Insurance provides US\$5,000,000 of lifetime coverage with a full range of benefits suited for individuals and families. The plan provides coverage worldwide, 24 hours a day, including your country of citizenship under certain circumstances. You have the freedom to choose any doctor or hospital for treatment, whether at home or traveling for business or pleasure.

When you select Global Medical Insurance, you receive IMG's commitment to deliver world class health benefits, medical assistance and total peace of mind.



Global Medical InsuranceSM
allows you to choose any
doctor or hospital for
treatment, whether at
home or traveling for
business or pleasure.



INTERNATIONAL MEDICAL GROUPSM

COVERAGE WITHOUT BOUNDARIES[®]

International Medical GroupSM, Inc. (IMGSM) 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.

IMG presents a unique, full-service approach to the international community. Our staff includes claims administrators who process thousands of claims each year from throughout the world, handling virtually every language and currency; multilingual customer service representatives who ease the burden of communicating in a second language; and on-site medical advisors who are available 24 hours a day, seven days a week for emergencies, medical evacuations and pre-certification.

Worldwide coverage, multilingual capabilities, international claims specialists and access to IMG from anywhere at anytime – all designed to give you true Coverage Without Boundaries and the confidence you deserve when choosing an international insurance administrator.

IMG's world headquarters is located in Indianapolis, Indiana.





LONGEVITY, STRENGTH, STABILITY

When deciding which company will insure your health, there are many important factors to consider. In addition to comprehensive benefits and experienced administration, there must be the commitment and financial stability of an established international insurance company.

Our insurance company partner, Sirius International Insurance Corporation (publ), offers the financial strength and reputation demanded by experienced international consumers. Sirius International is a wholly owned subsidiary of ABB Financial Services within the ABB Group. From their roots in 1883, ABB is now a global technology group employing 160,000 people in more than 100 countries.

Rated A+ (superior) by A.M. Best, Sirius International is noted for its superior capitalization, stable positive earnings trend and overall financial strength.*

Growing year by year, expanding globally, building upon a solid reputation, remaining stable but never standing still – these characteristics make IMG and Sirius International the partners to choose for your Global Peace of MindSM.

Sirius' London Office at the London Underwriting Centre.



**Source: A.M. Best, August 21, 2001. Rating accurate as of the date of printing, and subject to change.*

Global Medical InsuranceSM (GMI) covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. Each person will only need to satisfy their deductible once per policy period (12 months), with a maximum of three deductibles per family. **For eligible expenses incurred in the U.S. and Canada:** once the deductible is met, GMI pays 80% of the next US\$5000 in eligible expenses then 100% of eligible expenses up to the policy maximum. **For eligible expenses incurred outside of the U.S. and Canada:** once the deductible is met, GMI will pay 100% of eligible expenses up to the policy maximum.

MEDICAL INSURANCE	BENEFIT <small>Subject to deductible and coinsurance</small>
Coverage Area	Worldwide
Policy Maximum Per Individual	US\$5,000,000 lifetime
Hospitalization Semi-private room and board • Nursing services • Prescription medication • Physician charges • Diagnostic and laboratory testing • X-rays • Chemotherapy and radiation • Durable medical equipment • Treatment, services and supplies routinely provided	URC
Intensive Care Unit	URC
Surgery Surgical care • Second surgical opinion • Anesthetics • Physician charges for surgery • Treatment, services and supplies routinely provided	URC
Transplants Limited to certain transplants and covered only within IMG's independent PPO Transplant Facilities	US\$500,000 lifetime
Outpatient Emergency treatment of illness or injury • Surgery • Rehabilitative treatment • Treatment, services or supplies routinely provided • Prescription medication	URC
Emergency Surgery or dental treatment following an accident • Emergency room following an accident	URC
Emergency Transportation by Ground Ambulance	URC
Emergency Medical Evacuation Included with Emergency Medical Evacuation is an Emergency Reunion benefit of US\$10,000 lifetime	US\$50,000 lifetime
Repatriation	US\$25,000

MEDICAL INSURANCE (cont'd)

BENEFIT Subject to deductible and coinsurance

Supplemental Accident

The first US\$300 will be covered for each accidental injury

US\$300 per occurrence
(not subject to deductible or coinsurance)

Maternity

Available after 12 months of continuous coverage • Pre and post-natal care • Normal delivery or C-section • Well baby care and treatment of newborn for first 31 days

US\$25,000 lifetime
(maximum of US\$5,000 for normal delivery for each pregnancy; maximum of US\$7,500 for C-section delivery for each pregnancy)

Newborns

Eligible newborn children may be added without evidence of insurability under certain circumstances • An application form must be submitted within 31 days of birth

URC

Child Wellness

Available for eligible children from 14 days to 18 years of age after 12 months of continuous coverage

US\$50 maximum per visit; US\$150 maximum per policy period
(not subject to deductible or coinsurance)

Pre-existing Conditions

Available after 24 months of continuous coverage

US\$50,000 lifetime
(maximum of US\$5,000 per policy period)

Mental/Nervous Care

Available after 12 months of continuous coverage
• Inpatient and outpatient care by a licensed psychiatrist

US\$10,000 per policy period,
US\$25,000 lifetime

Wellness

Females age 35 and over after 24 months on the plan • Routine physicals • Mammogram, ob/gyn visit, etc. (exams must be separated by 12 months)

US\$250 per policy period
(not subject to deductible or coinsurance)

Males age 35 and over, after 24 months on the plan • Routine physicals (exams must be separated by 12 months)

Complementary Medicine

Acupuncture
Aroma Therapy
Herbal Therapy
Magnetic Therapy
Massage Therapy
Vitamin Therapy

(Each per policy period)
US\$150
US\$50
US\$50
US\$75
US\$150
US\$100

Other

Chiropractor when referred by a physician • Radiation treatment
• Home nursing care • Hospice care • Physical therapy
(maximum US\$50 per visit) • Prosthetic devices

URC

This is a summary of benefits only, and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions thereunder. Please refer to the policy wording for a complete description, available upon request.

GLOBAL TERM LIFE INSURANCESM INCLUDING AD&D

While Global Medical Insurance is designed to protect individuals and families from the high cost of medical expenses, Global Term Life Insurance provides protection for families following a traumatic loss. Global Term Life Insurance also includes Accidental Death and Dismemberment (AD&D) coverage at no additional cost. AD&D is paid in addition to any amount paid by Global Term Life Insurance and can double the amount of the benefit.

ELIGIBILITY AND COVERAGE

Those approved for Global Medical Insurance and under age 70 are automatically eligible for Global Term Life Insurance at the time of application. Global Term Life Insurance is an optional program purchased in units. The number of units an applicant may purchase is based upon their age at the time of application and each subsequent renewal. Applicants from age 31 days through 18 years and from 65 through age 69 are eligible for one unit of coverage. Applicants from age 19 through age 64 are eligible for two units of coverage.

GLOBAL TERM LIFE INSURANCE

AGE	PRINCIPAL SUM* per unit	AGE	PRINCIPAL SUM* per unit
31 days-18	US\$5,000	50-54	US\$20,000
19-29	US\$75,000	55-59	US\$15,000
30-39	US\$50,000	60-64	US\$10,000
40-44	US\$35,000	65-69	US\$7,500
45-49	US\$25,000		

ACCIDENTAL DEATH AND DISMEMBERMENT (INCLUDED WITH GLOBAL TERM LIFE INSURANCE)

- Accidental Loss of Life
- Accidental Loss of Two Members**
- Accidental Loss of One Member**

BENEFIT
Principal Sum*
Principal Sum*
50% of Principal Sum*

*Benefit based on age at time of death **"Member" means hand, foot or eye.



Whether you're moving abroad or traveling frequently between countries, Global Medical Insurance can meet your family's medical coverage needs.

GLOBAL DAILY INDEMNITYSM

Insuring your life and health reduces the burden of unforeseen financial liabilities due to an illness or accident. Unfortunately, obligations and bills continue even during a hospital stay. The Global Daily Indemnity plan is an excellent way to offset these expenses. Global Daily Indemnity will pay directly to you US\$100 for each required overnight stay in a hospital. The hospital stay must be covered under your Global Medical Insurance and hospital stays related to pregnancy are not eligible.

GLOBAL DAILY INDEMNITY

Available only between ages 19-69 with Global Medical Insurance

PRINCIPAL SUM

US\$100 per day

How To Apply

Global Term Life Insurance and Global Daily Indemnity are available with no additional medical underwriting. Simply complete and return the health and life portions of the application with the appropriate premiums as outlined in the application.

PREFERRED PROVIDER ORGANIZATION

You may seek treatment under Global Medical Insurance worldwide, including the United States, with the hospital or doctor of your choice. When seeking treatment in the U.S, you may use IMG's independent Preferred Provider Organization (PPO), a network of over 360,000 physicians and 4,000 hospitals who are contracted separately. This PPO network reaches across the country and includes some of the most recognized university medical centers and transplant facilities in the United States.

Using the provider network could significantly reduce your out-of-pocket expenses. Your deductible will be reduced by 50%, and any coinsurance applicable to that charge is waived when eligible treatment is received from a network provider. When a U.S. hospital outside the network is used, a co-payment of US\$250 is required in addition to the regular deductible and coinsurance. This co-payment is waived, however, if there is not a network provider within 50 miles of the location of treatment.

You may access the PPO directory by requesting that a copy be sent to you or you may visit the IMGGLOBAL[®] web site, www.imglobal.com. Providers are listed by location and specialty.

EMERGENCY MEDICAL EVACUATION

During a medical emergency, access to qualified treatment is an immediate concern. For these situations, Global Medical Insurance includes a US\$50,000 lifetime benefit for Emergency Medical Evacuation. This coverage is available when there is not a qualified facility in your area to treat your life threatening illness or injury. In addition, an Emergency Reunion lifetime benefit of US\$10,000 is available to cover the travel/lodging expenses of a relative or friend during an Emergency Medical Evacuation. Global Medical Insurance also covers expenses for repatriation of bodily remains or ashes to the insured's country of citizenship up to a maximum of US\$25,000 for death resulting from a covered injury or illness.

HOW THE EVACUATION PROCESS WORKS

Emergency Medical Evacuation through IMG provides access to care when you or your family need it most. During the emergency, IMG will coordinate evacuation to a qualified facility equipped to handle your illness or injury. A team of independent pilots and medical professionals transport you and a family member, while arrangements for your arrival are being made with the receiving hospital. Once at the receiving hospital, IMG will continue to monitor your treatment and communicate with physicians and family members.

To be eligible, the evacuation must be recommended by the attending physician and approved in advance and coordinated by IMG. IMG is available 24 hours a day, 7 days a week to arrange emergency medical evacuations.

IMG has around-the-clock medical staff available to approve, certify and coordinate medical evacuations.



Global Medical Insurance is available to individuals and families of all nationalities. U.S. citizens must reside abroad or plan to leave the U.S. on their effective date and plan to reside abroad for at least six months. Non-U.S. citizens may reside anywhere, including their country of citizenship, although certain eligibility restrictions may apply to non-U.S. citizens residing in the United States. Persons between the ages of 14 days and 74 years old may apply for coverage. Persons older than 74 years of age are not eligible. Certain other restrictions may also apply.

Families applying for Global Medical Insurance will receive free coverage for the first two eligible dependent children between the ages of 14 days to 9 years when both parents are insured under the Global Medical Insurance plan. Children under the age of 19 applying individually should use the male 19-24 age bracket when applying for coverage. An application must be completed for each person requesting coverage.

NEWBORN CHILDREN

Newborn children may be eligible for coverage from birth for illnesses or injuries subject to:

- 1) The mother of the newborn must be covered by Global Medical Insurance and 2) the delivery of the child must be covered by Global Medical Insurance and 3) an application for the newborn must be received within 31 days of the date of birth and 4) the newborn must meet eligibility requirements and the other terms and conditions of the plan.

RENEWAL OF COVERAGE

Subject to the terms of the plan, Global Medical Insurance is annually renewable and coverage is continuous when renewed. Prior to the end of each period of insurance (12 months) you will receive a renewal form. You must continue to meet the eligibility requirements outlined above in order to renew. There are no medical questions at renewal and rates do not change based on your individual claims activity. Your renewal premium will be the same rate as all persons renewing in your same class.

LIFETIME COVERAGE

Lifetime medical coverage is available if you are enrolled in the Global Medical Insurance plan by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday you will receive a renewal form for continuing coverage on the Global Senior PlanSM. There is no medical underwriting. You simply need to complete and return the renewal form with your premium.

PRE-EXISTING CONDITIONS

After coverage has been in effect for 24 continuous months, Global Medical Insurance provides a US\$50,000 lifetime benefit for eligible pre-existing conditions that existed at or prior to the effective date, subject to a maximum of US\$5,000 per policy period. This benefit is payable whether or not you have received consultation or treatment for the condition(s) during the 24-month period. This is important since few pre-existing conditions remain free from consultation or treatment, and often do not qualify for coverage in standard plans. Global Medical Insurance does not “rider” or charge additional premium for pre-existing conditions. If you properly disclose a pre-existing condition at the time of application, and we accept you into the plan, you will be covered for eligible medical expenses after 24 months of continuous coverage, subject to the foregoing limits and the other terms of the plan.*

The following illnesses which exist, manifest themselves or are treated or have treatment recommended prior to or during the first 180 days of coverage from the initial effective date are considered pre-existing conditions under the plan: tonsillectomy, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, hysterectomy, hernia, gall stones or kidney stones, any condition of the breast, and any condition of the prostate.

OTHER EXCLUSIONS AND LIMITATIONS*

- Routine physical examinations-first 24 months
- Maternity and newborn-first 12 months
- Mental and nervous-first 12 months
- Dental treatment unless accident related
- Organized amateur or professional sports
- Treatment not ordered or received by a physician
- Treatment or supplies not medically necessary
- Investigational, experimental or research procedures
- Custodial care
- Weight modification
- Elective cosmetic or plastic surgery
- Treatment of impotency
- Contraceptive medication or treatment
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Devices to correct sight or hearing
- Routine foot care
- Treatment by a relative or family member
- Treatment as a result of war or riot
- Treatment resulting from illegal activities
- Speech therapy
- Persons HIV+ at effective date
- Services and treatment eligible for payment by any government or other insurance

**See policy wording for a definition of pre-existing conditions and a complete list of exclusions and limitations, and for all other specific terms and conditions of the plan. Available upon request.*

Pre-certification (notification of illness or accident) simply means calling IMG prior to treatment to receive a determination of medical necessity. The following treatments must be pre-certified:

- Any surgery or treatment requiring hospitalization
- Outpatient surgery
- CAT scans, MRI's
- Notification within the first 90 days of pregnancy
- Within 48 hours after an emergency admission to the hospital
- Care in an extended care facility
- Home nursing care
- Durable medical equipment including artificial limbs
- Transplants

By notifying IMG, we will be able to generally verify your coverage and the available benefits under the plan, review the anticipated length of your stay, and coordinate future payment(s) of eligible benefits with the hospital or outpatient facility. Pre-certification may be done by you, the doctor, a hospital administrator or relative. Pre-certification is not a guarantee of payment. All medical expenses must meet eligible payment guidelines in accordance with the terms and conditions of the plan.

CLAIMS PROCEDURES

Once your application for Global Medical Insurance is approved, you will receive a fulfillment kit that includes an IMG identification card and claim forms. When you receive treatment, original itemized bills must be received by IMG within 90 days of services. As a courtesy, claims may be paid in selected alternate currencies by electronic bank wire. Please see the Claim Form for more information and conditions of this service.

CLAIM FILING ALTERNATIVES

DIRECT PAYMENT TO PROVIDERS - In many cases IMG works with the hospital or clinic, including those outside our independent PPO, for direct payment of eligible medical expenses. To be eligible to have a claim paid in this fashion, you or the provider must complete a Claim Form and submit it with original itemized bills. In this case, you will be responsible for direct payment of your deductible, coinsurance amounts and non-eligible expenses and charges.

REIMBURSEMENT - If you have received treatment and need to be reimbursed for out-of-pocket medical expenses, complete the Claim Form and submit your original itemized bills and paid receipts within 90 days. We will reimburse your eligible medical expenses after applying the deductible and coinsurance, subject to the terms of the plan.

Please remember to submit your bills and receipts as soon as you receive them. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.

HOW TO APPLY

To apply for IMG's Global Medical Insurance plan, simply complete and return the family application for yourself, your spouse and dependents. If you are 19 or older, you must complete your own application. You must complete all questions outlined in the application in order to be considered for coverage. An attending physician statement may be required depending upon your answers to the medical conditions, and IMG reserves the right to request additional medical information.

When we receive your completed application with premium, we will process it as quickly as possible. Once accepted, you or your agent will be mailed a kit which includes an IMG identification card, a certificate of insurance (containing a complete description of benefits, exclusions and terms of the plan), claim filing information, and claim forms. Your kit will also contain a form to notify IMG, as required by the terms of the plan, if you or any family member suffers or is treated for any illness, injury or other medical condition between the time of your application and the issuance of the certificate. If your application is not accepted, you will receive a full refund of premium. For additional information, please contact your independent insurance agent or broker.



With the Global Medical Insurance plan, coverage is free for two eligible children aged 9 or younger when both parents are covered under the plan.

Please refer to the policy wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions outlined in this booklet, available upon request.

The summary description of coverages, benefits and eligibility in this brochure is accurate at the date of printing, subject to the terms of the plan. Any updates or changes will be included in the fulfillment kit sent upon approval of your application, and from time to time thereafter.



INTERNATIONAL MEDICAL GROUPSM

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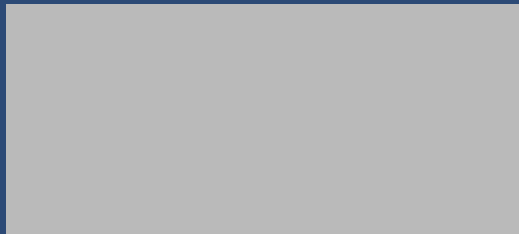
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IMG'S FULL LINE OF INTERNATIONAL INSURANCE PLANS

PatriotSM family of products:
Complete coverage for
international travel

GlobalSM family of products:
Permanent coverage for
international citizens

GEOSM + Plus International[®]:
Group coverage for
multinational organizations



INTERNATIONAL MEDICAL GROUPSM

*C*overage without boundaries[®]