International Medical Group[®], Inc. P.O. Box 88509 Indianapolis, Indiana 46208-0509 USA Phone: 800.628.4664 (In US) 317.655.4500 (Outside US) Fax: 317.655.4505 Attn: Group Benefits

GEMSM Global Educators MedicalSM



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Request for Proposal

School group/Organization Name			Contact Person					
Telephone Fax			E-mail					
Nature of Industry								
Street Address								
City	State/Pro	ovince	Country Postal Code					
Requested	Effective Date							
Total number of international assignees (expatriates, third country nationals, key local nationals)								
Of the international assignee population, total number of U.S. citizens								
Is the school group/organization a subsidiary or division of a U.S. or Canadian corporation?								
Are any em	ployees/dependents currently residing	ng in the U.S. or Cana	ada? Yes No If yes, how many?					
Does applie	cant currently have group medical ins	surance? 🗌 Yes	🗌 No					
(If yes, plea	ase provide name of carrier, current a	and renewal rates, sch	hedule of benefits, and claims experience.)					
Has another insurance company refused to quote on this group? Yes No Are any employees or dependents presently on COBRA? Yes No (If yes, please list those employees separately on the census listing.)								
	ED PLAN OF BENEFITS	Coverege in the	Life Incurance Denefit*					
Deductible	e Max. Deductible	Coverage in the US/Canada	Life Insurance Benefit*					
	2 per family	Include (Std)	\$25,000					
□ \$100 □ \$250	3 per family (Std)	Exclude	\$50,000					
□ \$500 □ \$1,000	Lifetime Maximum		1 X's Salary to a Maximum* of \$					
□ \$1,000 □ \$2,500	□ \$1,000,000 □ \$5,000,000(Std)		2 X's Salary to a Maximum* of \$					
□ \$5,000 □ \$10,000	 \$		3 X's Salary to a Maximum* of \$					
\$25,000			*Maximum available guaranteed issue is \$100,000					
			□ \$					
	swer the following questions. If your pages as necessary.	r answer to any quest	tion is yes, please give details in the space provided. Atta	ch				
 Has any employee or dependent suffered from an injury, illness or other medical/health condition that resulted in total claims of US\$2,500 or more during the last three years? Yes No 								
 Are any employees or dependents currently hospitalized, confined at home or a treatment facility, disabled or incapacitated? Yes No 								
3. Are	3. Are any employees or dependents currently pregnant? Yes No							
 Are any employees or dependents not actively at work performing his/her normal duties due to illness, injury or other medical/health condition? Yes No 								
	5. Are you aware of any circumstances, chronic or continuing medical, mental or nervous conditions which can be expected to produce ongoing claims for any employees or dependents?							

CENSUS SUMMARY (Required for groups of 100 lives or more)

	MALE			FEMALE				
AGE	Employee	Employee +Spouse	Employee +Child(ren)	Employee +Family	Employee	Employee +Spouse	Employee +Child(ren)	Employee +Family
19-24								
25-29								
30-34								
35-39								
40-44								
45-49								
50-54								
55-59								
60-64								
65-69								
70+								

CENSUS LISTING

Sex	Employee Name	Coverage Needed*	Date of Birth	Annual Salary**	Nationality	Country of Residence			
*Status: Employee only (E) Employee+Spouse (ES) Employee+Child(ren) (EC) Employee+Family (EF) (attach additional pages as necessary)									
				Employee+Family	(EF) (attach addition	ai pages as necessary)			
	vide salary only if applying for 1x, 2x, or 3x			plan administrat	or for the carrier	Sirius International			
International Medical Group [®] , Inc. is the managing general underwriter and plan administrator for the carrier, Sirius International Insurance Corporation (publ) (the Company).									
The undersigned representative for the within named Group hereby certifies, represents and warrants that the information provided on this Request for Proposal, including any attachments, is true, accurate and complete in all respects and I acknowledge that such information is intended to provide International Medical Group, Inc. with information necessary to evaluate this Group and provide the Group with premium and coverage indications. Final rates and coverage will be based on the actual enrollment, including evidence of insurability, if applicable. No insurance shall be effective unless and until the Group is notified in writing by the Company. Thank you for your interest in GEM.									
Applicant Signature Date									
Printed NameTitle									
Agent Signature Date									
Are you the broker of record? Yes No									
Agency MERCER HEALTH & BENEFITS, LLC Agent Name MERCER HEALTH & BENEFITS, IMG Agent # 57691 Address 2960 North Meridian Street IMG Agent # 57691 City Indianapolis State/Province_IN Country United States Postal Code 46208 Telephone 1-877-808-7434 E-mail_global@marshpm.com									

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