

INTERNATIONAL MEDICAL GROUP®

RE:

Certificate:

Dear Applicant:

We have received a Global Medical Insurance® (GMI) Gold application or renewal request from the above individual. Please be aware that this insurance is not available to individuals who are located in The United States unless the individual is not eligible for similar insurance from the local insurance market due to the applicant's residence and/or citizenship. In order to process this application, we need the below Affidavit of Eligibility completed.

IF MORE THAN ONE INDIVIDUAL IS APPLYING, EACH PERSON WITH IN A FAMILY MUST HAVE THEIR OWN INDIVIDUAL AFFIDAVIT.

Please Note: If this individual is located or resident outside of the U.S.A. as of the renewal date, we need the following information to be provided:

If we do not receive your response within 10 business days via fax or mail, we will discontinue processing this application and return any premium deposit to the applicant. Feel free to contact me with any questions or concerns. Thank you.

INTERNATIONAL MEDICAL GROUP, UNDERWRITING SERVICES

Affidavit of Eligibility

Global Medical Insurance®

(To be completed only for Non-U.S. citizens residing in the U.S.)

Name of Applicants:

I, the undersigned, do hereby Certify that I have attempted to secure medical insurance from not less than three (3) insurers admitted and licensed to do business in the state of _____ for the above named Applicant. Further, not less than three such insurers have declined to provide medical insurance for the above Applicant because of the applicant's residence and/or citizenship. The affidavit must be signed by the applicant, a guardian, a producer, or a proxy. A guardian must be legally authorized to sign on behalf of an applicant, especially a minor. A guardian would include a parent. A guardian's signature is required for any applicant under the age of sixteen (16). A proxy is a person authorized by the applicant to act on their behalf.

Signature of Applicant

_____/_____/_____
MONTH DAY YEAR
Date of Signature

Printed Name of Applicant