

IMG'S FULL LINE OF INTERNATIONAL INSURANCE PLANS

Outreach family of products:
Complete coverage for mission travel

Global family of products:
Permanent coverage for missionaries

MP+InternationalSM:
Group coverage for mission-sending organizations



INTERNATIONAL MEDICAL GROUP

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Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions outlined in this brochure. Certificate Wording is available upon request prior to purchase.

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 made subsequent to printing will be included in the fulfillment kit sent upon approval of your application, and/or from time to time thereafter.

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Coverage without Boundaries[®]



GLOBAL MISSION BASIC[®]

**2007 rates will be held
through December 31, 2008!**
To receive 2007 rates, applications
must be received by December 31, 2008.

Long-term, worldwide
medical coverage for
missionaries and
their families

Security rated
A (excellent) by A.M. Best

Version 0107
Mission

GLOBAL MISSION BASIC®

WORLDWIDE COVERAGE FOR MISSIONARIES



Medical insurance for missionaries requires provisions not met by many companies. The typical missionary and his/her family will travel for a period of one to four years and return home for furlough, deputation, or educational continuation,

then return to the mission field. Global Mission Basic was designed specifically for these unique travelers.

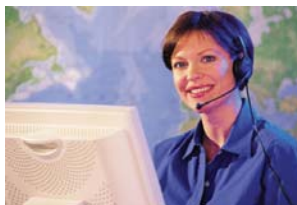
Global Mission Basic provides US\$5,000,000 of affordable lifetime coverage with a full range of benefits suited for individuals and families. The plan offers two options for the career or long-term missionary: continuous worldwide coverage while overseas and back in the U.S. while on furlough or deputation, or worldwide coverage excluding the U.S. and Canada. Both options provide coverage 24 hours a day and you have the freedom to choose any doctor or hospital for treatment.

As a missionary traveling to many different areas around the world, keeping the lines of communication open is exceedingly important. Understanding your needs and realizing this importance, we provide you with the essential element to satisfy your search for smooth communication.

As an IMG insured, you have the ability to access the information you need to manage your account online 24 hours a day, seven days a week from anywhere in the world with **MyIMGSM**. Some features of this cutting-edge tool include:

- Claim status check
- Obtain certificate documents
- Read announcements
- Get explanation of benefits
- Initiate precertification
- Request ID cards
- Search for physicians within the First Health Network (PPO) and through the International Provider AccessSM (IPA)

When you select Global Mission Basic you receive IMG's commitment to deliver world class health benefits, medical assistance, and Global Peace of Mind[®]. Whether it be for routine treatment or during a medical emergency, you can rest assured that IMG will be there for you.



PLAN ADMINISTRATOR



COVERAGE WITHOUT BOUNDARIES[®]

INTERNATIONAL MEDICAL GROUP

International Medical Group[®], Inc. (IMG[®]) is a worldwide leader in designing, distributing and administering global health care 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 tens of thousands of claims each year from all over 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 recertification.

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.

PLAN UNDERWRITER



SIRIUS
INTERNATIONAL

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.

While IMG provides complete plan administration expertise, 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 IMG's vision of the international marketplace and offers the stability of a well-established insurance company. Sirius International is a White Mountains Re company.

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 team to choose for your Global Peace of Mind[®].

**Sources: A.M. Best affirmed their rating in a press release dated September 1, 2006; Standard & Poor's affirmed their rating in a press release dated July 14, 2006. Ratings are accurate as of the date of printing and are subject to change.*

BENEFITS

Global Mission Basic® (GBM) covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. Each insured person will only need to satisfy their deductible once per period of coverage (12 months), with a maximum of three deductibles per family. **For eligible expenses incurred in the U.S. and Canada (if applicable):** once the deductible is met, GBM 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, GBM will pay 100% of eligible expenses up to the policy maximum.

MEDICAL INSURANCE	BENEFIT <small>Subject to deductible & coinsurance</small>
Coverage area	Two options: Worldwide or worldwide excluding the U.S. and Canada
Policy maximum per individual	US\$5,000,000 lifetime maximum benefit
Hospital room & board	US\$600 per day (maximum of 240 consecutive days per covered event)
Intensive care unit	US\$1,500 per day (maximum of 180 consecutive days per covered event)
Inpatient or outpatient surgery	URC up to lifetime maximum benefit
Anesthetist's charges associated with surgery	20% of the surgery benefit payable
Laboratory tests, X-rays, & other treatment associated with an inpatient covered event	URC up to lifetime maximum benefit
Emergency medical evacuation	US\$50,000 per period of coverage (not subject to deductible or coinsurance)
Local ground ambulance	US\$1,500 per covered event (not subject to deductible or coinsurance)
Emergency room treatment due to an accident	URC up to lifetime maximum benefit
Emergency dental due to an accident	US\$1,000 per period of coverage
Well child care Only available after 12 months of continuous coverage	3 visits per period of coverage (maximum limit of \$70 per visit)
Outpatient visits or exams 25 visits per insured person per period of coverage reimbursed to the maximum limit as outlined below:	
• Physician	US\$70 per visit/exam
• Specialist	US\$70 per visit/exam
• Psychiatrist	US\$60 per visit/exam
• Chiropractor	US\$50 per visit/exam
• Surgical intervention consultation	US\$500 per visit/exam

MEDICAL INSURANCE

Outpatient X-rays

Outpatient lab tests

Pre-existing conditions
Only available after 24 months of continuous coverage

Prescription medication related to a covered event

Extended care facility services

Home nursing care services

Inpatient hospice care

Chemotherapy & radiation therapy

Physical therapy

MRI, CAT scan, endoscopy, echocardiography, gastroscopy, colonoscopy & cystoscopy

Transplants
Certain precertification provisions must be met

Return of mortal remains

BENEFIT Subject to deductible & coinsurance

US\$250 per exam maximum limit

US\$300 per exam maximum limit

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

URC up to lifetime maximum benefit

Limited to the first 30 days of convalescent confinement

Limited to 30 days per covered event

Limited to the first 30 days of hospice confinement

URC up to lifetime maximum benefit

30 visits per period of coverage (maximum limit of \$40 per visit)

US\$600 per exam maximum limit

US\$250,000 all inclusive per transplant

US\$25,000 lifetime maximum (not subject to deductible or coinsurance)

Optional Maternity Rider **US\$50,000 lifetime maximum**

Benefits include: • Pre- and post-natal care • Maximum of US\$5,000 for normal delivery for each pregnancy • Maximum of US\$7,500 for C-section delivery for each pregnancy • Well baby care and treatment of newborn for first 31 days • Child wellness benefits of up to US\$200 maximum per period of coverage (not subject to deductible or coinsurance) for eligible newborn children for the first 12 months

Benefits available after 10 months of continuous coverage • Eligible newborn children may be added without evidence of insurability as long as an application form is submitted within 31 days of birth • Benefits will be reduced by 50% for births that occur in the 11th or 12th month of continuous coverage • See the application form for the cost of this optional rider

The foregoing list is only a summary of available benefits and coverages, and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. Please refer to the Certificate Wording for a complete description, which is available upon request.

SUPPLEMENTAL LIFE & DAILY INDEMNITY

GLOBAL TERM LIFE INSURANCESM INCLUDING AD&D

While Global Mission Basic 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 Mission Basic 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 applicants may purchase is based upon their age at 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)

BENEFIT

Accidental Loss of Life	Principal Sum*
Accidental Loss of Two Members**	Principal Sum*
Accidental Loss of One Member**	50% of Principal Sum*

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

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 eligible for coverage under your Global Mission Basic plan. Hospital stays related to maternity are not eligible.

GLOBAL DAILY INDEMNITY

Available only between ages 31 days-69 years with Global Mission Basic

PRINCIPAL SUM

US\$100 per day

EMERGENCY MEDICAL EVACUATION

During a medical emergency, access to qualified treatment is an immediate concern. For these situations, Global Mission Basic includes Emergency Medical Evacuation coverage up to US\$50,000 per coverage period. This coverage is available when there is not a qualified facility in the immediate area to treat your life-threatening illness or injury. Global Mission Basic 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 benefits under the plan provide 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 will transport you and a family member (if there is room available), 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 the physicians and your family members.

To be eligible, the evacuation must be recommended by the attending physician in life-threatening situations, 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.



PRE-EXISTING CONDITIONS

After coverage has been in effect for 24 continuous months, Global Mission Basic 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 period of coverage. 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 ongoing consultation or treatment, and often do not qualify for coverage in standard plans. Global Mission Basic 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 are accepted 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, and are subject to the waiting period and other limitations of coverage described above: asthma, allergies, tonsillectomy, back conditions, 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 & LIMITATIONS*

- Maternity and newborn care (unless the maternity rider is purchased - see details under the Benefits section of this brochure)
- Inpatient mental and nervous
- Routine physical exams
- 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

**This brochure contains only a consolidated and summary description of some of the current Global Mission Basic 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. 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.*

ELIGIBILITY

Global Mission Basic 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 of the next 12 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. Please ask your insurance agent or broker for further details.

Families applying for Global Mission Basic 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 Mission Basic plan. Children under the age of 19 applying individually should use the male 19-24 age bracket when applying for coverage. Each person requesting coverage must complete the information required in the application.

RENEWAL OF COVERAGE

Subject to the terms of the plan, Global Mission Basic is annually renewable and coverage is continuous when renewed. Prior to the end of each period of coverage (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 additional medical questions at renewal. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

If you are a citizen of the U.S. and return to the U.S. for a scheduled furlough or depuration, it is possible to renew this policy. The intent to return directly to overseas service within 12 months must always be maintained. At renewal, you must advise IMG of your scheduled furlough dates and anticipated return overseas. If you have completed or resigned from service, you may continue coverage through the remainder of your policy period, at which time the insurance will terminate on the renewal date.

LIFETIME COVERAGE

Lifetime medical coverage is available if you are enrolled in the Global Mission Basic plan by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday you will receive a summary of benefits of a new plan, Global Senior Plan®, and an enrollment form for coverage. There is no additional medical underwriting. You simply need to review the benefits, and complete and return the enrollment form with your premium.

INTERNATIONAL PROVIDER ACCESS

IMG provides an online International Provider Access database that can be used to locate health care providers outside the U.S. as needed. The database can be found at www.imglobal.com. (Note: Use of this service is subject to the terms and conditions specified online. These terms must be agreed to prior to using the service.)

ACCESSING THE PPO

You may seek treatment under Global Mission Basic with the hospital or doctor of your choice. If you choose the worldwide option and you need to seek treatment in the U.S, you may use the independent Preferred Provider Organization (PPO), a separately organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG.* This PPO network includes approximately 67% of all the hospitals in the U.S., including some of the most well-recognized university medical centers and transplant facilities.

Using this 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® website, www.imgglobal.com. Network providers are listed by location and specialty.

**All PPO providers are contracted separately through First Health Group Corp.*

PRECERTIFICATION/ VERIFICATION OF BENEFITS

Prior to receiving treatment you may need to contact IMG to precertify your treatment and/or for verification of benefits. *Precertification* means calling IMG's Utilization Management and Review company to receive a determination of medical necessity for the proposed treatment or services. You may also initiate precertification online at the IMGGLOBAL website, www.imgglobal.com. 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. Precertification may be undertaken by you, the doctor, a hospital administrator or a relative. The following treatments and services must be precertified or certain reductions in benefits may result:

- Any surgery or treatment requiring hospitalization ■ Outpatient surgery
- CAT scans, MRIs ■ 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

Verification of benefits is the process of verifying your general coverage and the available benefits under the plan. You may do this by contacting IMG's Customer Care department whether or not your treatment or services require precertification. Verification of benefits is not a guarantee of payment or assurance of coverage, and all medical expenses must meet eligible payment guidelines in accordance with the terms and conditions of the plan. While precertification and verification of benefits are separate determinations, both are made in reliance on the completeness and accuracy of the information provided by you and your healthcare providers to IMG.

CLAIMS PROCEDURE

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 as an accommodation, including those outside the independent PPO, for direct payment of eligible medical expenses on your behalf. 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 the Global Mission Basic® plan, simply complete and return the application. If you are applying as a family, you may include yourself, your spouse and dependents on one application. If you are 19 years of age or older, you must complete your own application. You must accurately 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 questions, 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/broker will be mailed a fulfillment kit which includes an identification card, declaration of insurance and a Certificate of Insurance (containing a complete description of benefits, exclusions and terms of the plan), claim filing information, and claim forms. You are required 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.

Once you are accepted in the plan, we are confident that you will be pleased with the full terms of coverage. To ensure your satisfaction, we provide a 15 day period to review the fulfillment kit contents. If, during that 15 day period, you find that you are not happy with the plan for any reason, you may submit a written request for cancellation and full refund of your premium. See Certificate of Insurance for full details.

Cancellation requests received after this 15 day period will be granted at the sole discretion of IMG as the plan administrator. Any refund you may receive will be based on an established refund schedule, not a pro-rated basis. See the Certificate of Insurance for full details.