GEOSM Group Request for Proposal



GEO Group is an international group insurance product underwritten by Sirius International Insurance Corporation (publ) (the "Company"). It is distributed, managed and administered, for and on behalf of the Company, by International Medical Group[®], Inc. ("IMG[®]").

Group / Organization Name:	Contact Person:						
Telephone:	Email:						
Name of Industry:			Requ	ested Effective Date:			
Street Address:							
City:	State / Province:	rovince: Country: Postal Code / Zip Code:					
Total number of international employees:	I included in the international						
Is the company/organization a su U.S. or Canadian?		🗌 Yes 🗌 No					
Are any employees/dependents of details in census section.		🗌 Yes 🗌 No					
Do you expect the number of em	tails.	🗌 Yes 🗌 No					
Does company currently have gro current and renewal rates, scheo		🗌 Yes 🗌 No					
Has another insurance company		🗌 Yes 🗌 No					
Are any employees or dependents presently covered under COBRA continuation? If Yes, please							
Requested Plan Benefits							
Deductible: \$\begin{bmatrix} \$100 \$\begin{bmatrix} \$250 \$\begin{bmatrix} \$500 \$\begin{bmatrix} \$1,000 \$\begin{bmatrix} \$1,000 \$\begin{bmatrix} \$1,000 \$\begin{bmatrix} \$10,000 \$\begin{bmatrix} \$10,							
Max Deductible: 🗌 2 per family	v 3 per family	Coverage Area – Please Choose One: Worldwide D Worldwide Excluding* the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan Custom – Please indicate countries covered: *except 30 days emergency/accident					
Coverage Plan: 🗌 Plan 1 📋	GEO Platinum USA Bend	on Request: Dental Daily Indemnity A Benefit Rider Prescription Drug Card Y (Please complete Disability Questionnaire) Other ed and underwritten by Zurich American Life Insurance Company.					
Lifetime Maximum: \$1,000,000 \$5,000,000 \$8,000,000 Other \$							
Life Insurance Benefit*: \$10,000 \$25,000 \$50,000 1 x Salary to maximum of \$ * (2-10 lives, \$10,000 minimum required). Maximum available guaranteed issue is \$100,000. 2 x Salary to maximum of \$ 3 x Salary to maximum of \$ Other \$ 0 ther \$ 1 x Salary to maximum of \$ 1 x Salary to maximum of \$							

Please answer the following questions. If your answer to any question is Yes, please give details in the space provided. Attached additional pages as necessary.					
1. Has any employee or dependent suffered from an injury, illness or other medical/health condition that resulted in total claims of \$2,500 or more during the last three years?	🗌 Yes	🗌 No			
2. Are any employees or dependents currently hospitalized, confined at home or a treatment facility, disabled or incapacitated?	🗌 Yes	🗌 No			
3. Are any employees or dependents currently pregnant?	🗌 Yes	🗌 No			
4. 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?	🗌 Yes	🗌 No			

Census Summary (Required for groups of 100 lives or more)												
		MALE							FEMALE			
AGE		Employ	ee Emp Sp			ployee+ ild(ren)	Employee+ Family	Employee		Employee+ Spouse	Employee+ Child(ren)	Employee+ Family
1	19 - 24											
2	25 - 29											
3	30 - 34											
	35 - 39											
4	40 - 44											
4	45 - 49											
į	50 - 54											
į	55 - 59											
(60 - 64											
(65 - 69											
	70+											
Censu	s Listing (for	groups o	of less th	an 100	emp	loyees)						
Gender	Employee I	Name	Class***	Cover Neede		Date of Birth or Age	Occupation	n	Annual Salary**	# of Dependent s Residing in U.S. or Canada	Nationality	Country of Assignment
*Status: Employee only (E) Employee+ Spouse (ES) Employee+ Child(ren) (EC) Employee+ Family (EF) (attach additional pages as necessary)												
**Provide sa	alary only if applying fo	or 1x, 2x, or 3	salary for life	insurance								
***Defined as a group of employees with easily distinguishable and identifiable common characteristics (i.e. management, non-management, hourly, salary, exempt, non-exempt, or sales)												

International Medical Group[®], Inc. (IMG[®]) 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 acknowledges 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 GEO Group.					
Applicant Signature:	Date:				
Printed Name:	Title:				
Producer Signature:	Date:				
Are you the producer of record?					
Agency Name:	Producer Name:				
IMG Producer #:	Not Licensed with IMG?				
Telephone:	Email:				