

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:	Fax:	Email:	
Name of Industry:			Requested Effective Date:
Street Address:			
City:	State / Province:	Country:	Postal Code / Zip Code:
Total number of international employees:	Total number of eligible international employees:	Total number of U.S. citizens included in the international employee count:	Total number of local nationals applying:
Is the company/organization a subsidiary or division of a U.S. or Canadian corporation? If Yes, U.S. or Canadian?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees/dependents currently residing in the U.S. or Canada? If Yes, please provide details in census section.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect the number of employees to vary in the next 12 months? If Yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does company currently have group medical insurance? If Yes, please provide name of carrier, current and renewal rates, schedule of benefits, and claims experience.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has another insurance company refused to quote on this group? If Yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees or dependents presently covered under COBRA continuation? If Yes, please indicate those employees on census.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Plan Benefits			
Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other \$_____			
Max Deductible: <input type="checkbox"/> 2 per family <input type="checkbox"/> 3 per family <input type="checkbox"/> Other		Coverage Area – Please Choose One: <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide Excluding* the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan <input type="checkbox"/> Custom – Please indicate countries covered: <i>*except 30 days emergency/accident</i>	
Coverage Plan: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4		Additional Benefits Upon Request: <input type="checkbox"/> Dental <input type="checkbox"/> Daily Indemnity <input type="checkbox"/> GEO Platinum USA Benefit Rider <input type="checkbox"/> Prescription Drug Card <input type="checkbox"/> Long-term Disability (Please complete Disability Questionnaire) <input type="checkbox"/> Other <i>Disability products are administered and underwritten by Zurich American Life Insurance Company.</i>	
Lifetime Maximum: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$8,000,000 <input type="checkbox"/> Other \$_____			
Life Insurance Benefit*: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> 1 x Salary to maximum of \$_____ <input type="checkbox"/> 2 x Salary to maximum of \$_____ <input type="checkbox"/> 3 x Salary to maximum of \$_____ <input type="checkbox"/> Other \$_____			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Name:		Producer Name:
IMG Producer #:		Not Licensed with IMG?
Telephone:	Fax:	Email: