



CARRIER NAME CHANGE ENDORSEMENT

This Endorsement attaches to and forms part of your policy, contract or certificate.

As a result of the merger of International Medical Insurance Company, Ltd., with and into its affiliate, Sirius Bermuda Insurance Company Ltd., effective December 29, 2017, the underwriter of your policy, contract or certificate has been changed to Sirius Bermuda Insurance Company Ltd.

Accordingly, all references in your policy, contract or certificate to "International Medical Insurance Company, Ltd." are hereby changed to "Sirius Bermuda Insurance Company Ltd." The definition of Company will now be as follows:

Company: The "Company," as referred to in the Master Policy and this Certificate, is Sirius Bermuda Insurance Company Ltd, 14 Wesley Street, 5th Floor, Hamilton HM11 Bermuda. The Company as the insurer and carrier underwrites this insurance and its risks, and the Company is solely obligated and liable for the coverage and benefits provided by this insurance.

All other terms and conditions of your policy, contract or certificate remain unchanged.

International Medical Group® (IMG®) continues to be the program administrator of your policy, contract or certificate. If you have any questions, please contact:

International Medical Group
2960 North Meridian Street
Indianapolis, IN USA 46208-4715
Toll-Free: +1.800.628.4664

International Medical Group®

2960 N. Meridian St. Indianapolis, IN 46208 USA
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IMIC-SRB 12.29.17

Certificate of Insurance

MP+ International[®] Term Life

A. AGREEMENT - International Medical Insurance Company Ltd. (the Company) promises and agrees to provide the Insured Person with the benefits described in the Master Policy, as outlined herein and coverage for which is certified hereunder by the Company. The Company makes this promise and agreement in consideration of the Assured's application, the Insured Person's Application and payment of Premium, and subject to all of the Terms of the Master Policy and as contained therein, including any Riders. The Master Policy is effective as of June 1, 2004, and shall remain in effect until terminated in accordance with Section B(16), below. This Certificate shall be effective as of the Effective Date of Coverage shown on the Declaration, and shall remain in effect until terminated in accordance with Section B(17), below. The Underwriter hereby recognizes International Medical Group[®], Inc. as the Company's authorized agent and representative, and as the Plan Administrator of the Master Policy and this Certificate. Subject to the provisions of Section B(7), below, all communications, notices and payments to the Company that are required or permitted under the Master Policy and/or as described in this Certificate shall be transmitted through the Plan Administrator, and receipt of same by the Plan Administrator shall be considered receipt by the Company.

B. CONDITIONS AND GENERAL PROVISIONS - The following Terms are conditions precedent to the Company's liability under the insurance provided to the Insured Person pursuant to and in accordance with the Terms of the Master Policy, as represented by this Certificate (such insurance being sometimes referred to herein as "this insurance" or "the plan"):

(1) ENTIRE AGREEMENT - The Master Policy, including the Application, the Declaration, and any Riders, shall constitute the entire agreement among the Company, the Assured, and the Insured Person. This Certificate, including the Application, the Declaration, and any Riders, is an outline and evidence of the insurance provided by the Master Policy. This Certificate does not extend or change the coverage provided by the Master Policy. The insurance evidenced by this Certificate is subject to all Terms of the Master Policy, including the Application, the Declaration, and any Riders.

(2) PREMIUM - Payment of required Premium shall be remitted to the Company:

(a) on or before the Due Date(s) specified on the Declaration. The first Premium payment is due and payable on the Effective Date of this Certificate and subsequent Premiums shall be due and payable monthly on the first day of each month thereafter unless otherwise specified on the Declaration attached to this Certificate.

(b) Return of Premium: If the Application is not accepted for coverage, it will be the sole responsibility of the Company to return the Premium to the Applicant.

A grace period of thirty (30) days (notwithstanding intervening Saturdays, Sundays or legal holidays) will be allowed for the payment of each installment of Premium except the first. If any Premium is unpaid at the end of the grace period, all insurance coverage and benefits under this insurance shall lapse and terminate with effect from the initial Due Date of the unpaid Premium, and the Company shall have no liability to the Insured Person for any claims incurred on or after such date. Premium is considered paid on the date the payment is actually received by the Company.

(3) PROOF OF CLAIM -

(a) Term Life Insurance benefits will be paid upon the Company's receipt and verification of Death. Proof of claim must include:

(i) Claimant Statement; and

(ii) Certifiable and legal death certificate; and

(iii) Any other documentation which, at the Company's discretion is required to verify the validity of any Claim, The Company will determine at its own discretion, the Insured Person's Death if bodily remains are not available or identifiable.

The Proof of Claim must be presented to the Plan Administrator ninety (90) days from the date a of the Insured Person's Death.

(b) **Accidental Death and Dismemberment**

(i) benefits will be paid upon receipt of the requirements as set forth herein for Term Life Insurance. Additionally, Proof of Claim must include proof that the Insured Person's Death was a result of Accidental means.

(ii) **Dismemberment:** Benefits will be paid upon the Company's receipt and verification of Dismemberment. Proof of Claim must be furnished to the Company within 90 days from the date the Dismemberment is incurred. Proof of Claim must include:

- a) A completed and signed Claimant Statement
- b) Any other documentation, including medical and/or police reports, which the Company may reasonably require to verify the validity of any Claim.

(4) BENEFICIARY

(a) **Term Life Insurance:** Upon proof of Death, Benefits will be paid to the Primary Beneficiary(ies), as designated on an approved form. If there are two or more Primary Beneficiaries, the Insured Person may specify their respective shares. If shares are not specified, the Primary Beneficiaries will share equally. If there is no designated Primary Beneficiary(ies), or if no Primary Beneficiaries survive, Benefits will be paid to the Contingent Beneficiary(ies) designated on an approved form in accordance with the Primary Beneficiary guidelines. If there are no Beneficiaries listed or if no Beneficiaries survive, Benefits will be paid in equal shares to the first of the following Beneficiary classes in which there is a surviving person:

- (i) The Insured Person's spouse.
- (ii) The Insured Person's children.
- (iii) The Insured Person's executors or administrators.

The Insured Person can change the Primary and/or Contingent Beneficiaries at any time by notifying the Company on an approved form. The consent of the Beneficiary(ies) is not required. The change date is the date the Company receives the request. If the Company pays the Benefit before change request is received from the Insured Person, The Company is released from further liability to the extent of payment. If the Beneficiary(ies) is a minor, or not legally able to receive payment of the Benefit, the Company shall pay the Benefit to the legal guardian of the Beneficiary(ies).

(b) **Accidental Death:** Upon proof of Accidental Death, Benefits will be paid in accordance with B. 4. a., Term Life Insurance.

(c) **Dismemberment:** In case of Dismemberment, the Insured Person shall be the recipient of all Benefits.

(5) PHYSICAL EXAMINATIONS AND AUTOPSY

The Company has the right, at their own expense, to have the Insured Person examined as often as reasonably necessary while a claim on that person is pending. In the event of a Term Life Insurance or Accidental Death claim, The Company reserves the right to have an autopsy made and to recover any records applicable to the examination.

(6) ASSIGNMENT, CHANGE OR WAIVER - Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any healthcare provider, no transfer or assignment of any of the Insured Person's rights, benefits or interests under this insurance shall be valid, binding on, or enforceable against the Company unless first expressly agreed and consented to in writing by the Company. Any such purported transfer or assignment not in compliance with the foregoing Terms shall be void and without effect as against the Company, and the Company shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto. The Terms of the Master Policy as evidenced by this Certificate shall not be waived or changed except by the express written agreement of the Company.

(7) SERVICE OF SUIT; VENUE; CHOICE OF LAW; TRIAL BY COURT - The contract of insurance represented by the Master Policy and evidenced by this Certificate shall be deemed issued, finalized and made in Bermuda and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Bermuda for which the Insured Person expressly consents. In the event of the failure of the Company to pay or reimburse any amount claimed to be due under this insurance, the Company, at the request of the Insured Person and upon receipt of lawful process or summons, will submit to the jurisdiction of a court of competent subject matter

jurisdiction located in Bermuda, provided there exists an independent statutory and constitutional basis for *in personam* jurisdiction over the Company in said court and by said forum. All trials regarding any dispute under this insurance shall be exclusively presented to and determined solely by the court as the trier of fact, without a jury. In any suit instituted against the Company pursuant to the Terms of this Section B(6), the Company will abide by the final decision of such court or of any appellate court in the event of an appeal.

Subject to and without limiting, expanding, superceding, modifying or waiving the foregoing Terms, pursuant to any statute of any State, territory or district of the United States which makes provision thereof, the Company hereby designates the Superintendent, Commissioner, or Director of Insurance (or such other officer specified for that purpose in the statute), or his successor or successors in office, as its true and lawful attorney, under a special power of attorney, upon whom may be served any lawful process issued in connection with the initiation of any action, suit or proceeding instituted by or on behalf of the Insured Person arising out of this insurance, including specifically the Commissioner of Insurance for the Indiana Department of Insurance, and hereby designates John P. Dearie, Jr., Edwards & Angell, LLP, 750 Lexington Avenue, New York, New York 10022, as its attorney-in-fact and agent for service of process to whom said officer or Commissioner is authorized to mail or serve such process or a true copy thereof.

(8) MISREPRESENTATION - Any misstatement, omission, concealment or fraud, either in the Insured Person's Application which forms a part of the Master Policy and this Certificate, or in relation to any statement, certification or warranty made by the Insured Person or their representatives, agents or proxies, whether in writing or otherwise, to the Company or the Plan Administrator or their respective agents, employees or representatives, or in connection with the making of any claim under this insurance, shall render this Certificate null and void and all claims and benefits under this insurance shall be forfeited and waived.

(9) INSOLVENCY - The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of the Assured or any Insured Person shall not impose upon the Company any liability or obligation other than that specifically included in this insurance.

(10) The Premium is fully earned at Effective Date of coverage.

(11) The monetary limits stated in this Certificate and the Premium shall be in U.S. dollars.

(12) The Insured Person and/or executor of Insured Person and their Physician shall cooperate fully with the Company, including granting full right of access to all related medical documentation, reports and evidence.

(13) If the circumstances in which this insurance was entered into shall be materially altered without the written consent of the Company, this insurance shall be voidable.

(14) If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or anyone acting on their behalf under this insurance, all benefits hereunder shall be forfeited.

(15) If any dispute shall arise as to the amount to be paid under this insurance (liability being otherwise admitted), such dispute shall be referred to arbitration in accordance with procedures of the American Arbitration Association. Where any dispute is by this provision referred to arbitration, the making of an award shall be a condition precedent to any right of action against the Company.

(16) TERMINATION OF MASTER POLICY - The Master Policy can be terminated at any time by either the Company or the Assured by giving at least thirty (30) days written notice to the other and to the Insured Person. Such termination will have no effect on this Certificate prior to the date of the termination, or on eligible coverages or benefits under this insurance accrued prior thereto. No Certificates will be issued or renewals accepted after the date the Master Policy is terminated.

(17) TERMINATION OF COVERAGE FOR INSURED PERSONS - Coverage and benefits for the Insured Person under this insurance will terminate effective at 12:01 AM, EST, on the earliest of the following dates:

(a) the date the Insured Person ceases to be an Eligible Member of an Eligible Participating Organization as herein defined; or

(b) the termination date as shown on the Declaration for this Certificate; or

(c) the date the Master Policy is terminated pursuant to Section B(16), above; or

(d) the date the Insured Person first fails to meet or no longer meets the eligibility requirements for this insurance as set forth in the Master Policy and outlined in this Certificate; or

(e) the date the Company, at its sole option, elects to cancel all insured persons of the same sex, age, class or geographic location as the Insured Person, provided the Company gives no less than thirty (30) days advance written notice by mail to the Insured Person's last known residence or mailing address of its intent to exercise such option; or

(f) if any Premium is unpaid at the end of a Grace Period, all insurance shall terminate and the Company's liability shall cease with effect from the Due Date of the unpaid Premium. Premium is considered to be paid on the date the payment instrument is received by the Plan Administrator.

(g) the date specified by the Company in any notice of cancellation, forfeiture or rescission issued pursuant to or as a result of the circumstances described in Sections B(8) or (14), above, B(18), below, or as otherwise permitted by the Terms of this insurance.

Coverage for the Insured Person shall remain in full force and effect unless terminated pursuant to the provisions of this Section B(17), except as otherwise provided in the Master Policy or this Certificate.

(18) RIGHT OF RECOVERY - In the event of overpayment by the Company of any claim for benefits under this insurance, for any reason, including without limitation because:

(a) all or part of the claim was not eligible for payment or coverage under the Terms of this insurance; or

(b) all or part of the claim was paid or reimbursed based on an incorrect or mistaken application of benefits under this insurance.

the Company shall have the right to a refund of and to recover the amount of overpayment from the Insured Person and/or the Beneficiary(ies). For overpayment of claims under paragraphs (a) and (b), above, the amount of the refund and recovery shall be the difference between: (i) the amount actually paid by the Company; and (ii) the amount, if any, that should have been paid by the Company under the Terms of this insurance. If the Insured Person or Beneficiaries do not promptly make any such refund to the Company, the Company may, in addition to any other rights or remedies available to it (all of which are reserved): (i) reduce or deduct from the amount of any future claim that is otherwise eligible for coverage or payment under this insurance, to the full extent of the refund due to the Company; and/or (ii) cancel this Certificate and all further coverage of the Insured Person under the Master Policy by giving thirty (30) days advance written notice by mail to the Insured Person's last known residence or mailing address, and offset against the amount of any refund of Premium due the Insured Person to the full extent of the refund due to the Company.

(19) There are no cash values earned or accumulated during or after the Period of Insurance.

(20) If an Insured Person's misstatement of age results in a lower Benefit, the Benefit will be adjusted according to the Insured Person's correct age.

C. SCHEDULE OF BENEFITS

1. Term Life Insurance: The Schedule of Benefits is shown on the Declaration that is issued to the Eligible Participating Group. However, in no event will benefits be more than the following without additional Evidence of Insurance:

\$100,000

2. Reduction Schedule for Term Life and Accidental Death and Dismemberment Benefits:

Notwithstanding anything to the contrary, Benefits for Insured Persons will be reduced pursuant to the following schedule based upon the Insured Person's attained age at time of Death or Accidental Dismemberment:

35% upon the attainment of age 65; then
55% of the original amount upon attainment of age 70; then
70% of the original amount upon attainment of age 75; then
80% of the original amount upon attainment of age 80; then
benefits terminate at retirement.

3. Accidental Death and Dismemberment:

The following Benefits are payable based upon the attained age of Insured Person at the date of an Accidental Death or Dismemberment:

Accidental Death:	The Principal Sum
Loss of both hands:	The Principal Sum
Loss of both feet:	The Principal Sum
Loss of sight of both eyes:	The Principal Sum
Loss of one hand and one foot:	The Principal Sum
Loss of one eye and one foot:	The Principal Sum
Loss of one eye and one hand:	The Principal Sum
Loss of one hand:	One-half the Principal Sum
Loss of one foot:	One-half the Principal Sum
Loss of one eye:	One-half the Principal Sum

With regard to loss of hands and feet, loss means complete severance through or above wrist or ankle joint. With regard to eyes, loss means complete and irreversible loss of sight.

The maximum Accidental Death and Dismemberment Benefit for any Insured Person shall not exceed the Principal Sum.

4. Dependent Life:	Death Benefit
Spouse:	\$10,000.00
Dependent Children:	
14 days to 6 months:	\$ 500.00
over 6 months:	\$ 5,000.00

D. ELIGIBILITY

1) In order to be eligible and qualified for coverage under this insurance, a person must:

- (a) Be at all times covered by a valid and in force MP+International certificate administered by the Plan Administrator; and
- (b) complete and sign an Application (or be listed thereon by proxy as an applicant and proposed Insured Person) with all questions answered truthfully and completely; and
- (c) pay the required Premium on or before the Due Dates; and
- (d) receive written acceptance of his/her Application or renewal from the Company; and
- (e) be at least fourteen (14) days old and not yet retired.

E. EFFECTIVE DATE

The Effective Date is the date indicated on the Declaration.

F. EXCLUSIONS - All charges, costs, expenses and/or claims (collectively "Charges") incurred by the Insured Person and directly or indirectly relating to or arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, claims, services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits and shall have no liability therefor:

(1) War; Military Action; Terrorism - The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges, illness, injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any of the following acts or events (collectively, "Occurrences"):

- (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
- (b) mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power;
- (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type;
- (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege; or
- (e) Terrorism.

Any claim, or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under this Certificate, except to the extent that the Insured Person shall prove that such claim, or other consequence happened independently of the existence of such abnormal conditions and/or Occurrences; and

- (2) With respect to coverage under C.1., Death which does not occur during the Period of Insurance; and
- (3) With respect to coverage under C.2., Accidental Death or Dismemberment resulting more than 90 days after the Accident leading to loss that occurred while an Insured Person's coverage under the Certificate was in effect; and
- (4) Death or Dismemberment resulting from AIDS or ARC; and
- (5) Death or Dismemberment sustained while taking part in mountaineering where ropes or guides are normally used, professional athletics, aviation (except when traveling solely as a passenger in a commercial aircraft or when traveling solely as a passenger in an employer owned aircraft maintained by the employer) hang gliding and parachuting, snow skiing except for recreational downhill and/or cross country snow skiing (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body), racing by horse, motor or motorcycle, spelunking, and subaqua pursuits involving underwater breathing apparatus; and
- (6) Willfully self-inflicted Death or Dismemberment, while sane or insane; and
- (7) Death or Dismemberment resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations; and
- (8) Death or Dismemberment as a result of the voluntary taking of any sedative or drug, or inhalation of any gas, unless taken or inhaled as Insured Person's Physician prescribes or administers it; and
- (9) Death or Dismemberment as a result of service in the armed forces of any country, including non-military units supporting such forces; and
- (10) Death or Dismemberment sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse; and
- (11) Death or Dismemberment resulting from collusion or intentional act of the Beneficiary or recipient of Benefits.

G. DEFINITIONS

Accident: A sudden, unintentional, and unexpected occurrence caused by external, and violent cause, which, directly and independently of all other causes, initiates an unbroken chain of events that leads to the Death or Dismemberment of the Insured Person.

AIDS: Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

Applicant: The person submitting the Term Life Insurance Application.

Application: The fully answered and signed enrollment form submitted by or on behalf of the Insured Person for acceptance into, coverage under, this insurance plan, which by this reference shall be incorporated in and become a part of the Master Policy and this Certificate. Any insurance agent/broker assigned to or assisting with the Application is the representative of the applicant/Insured Person and is not an agent or representative for or on behalf of the Company or the Plan Administrator.

ARC: AIDS Related Complex, as that term is defined by the United States Centers for Disease Control.

Assured: The Global Life Insurance Services Group Insurance Trust, Bank of Bermuda, Hamilton, Bermuda.

Beneficiary: The person(s), executors or administrators entitled to receive payment of Benefits.

Benefit: The amount of Principal Sum payable for Death or Dismemberment.

Certificate: This document as issued to the Insured Person, which describes and provides an outline and evidence of eligible coverages and benefits payable to or for the benefit of the Insured Person under the Master Policy, and which includes the Insured Person's Application and any Riders.

Claim Form: The approved form to submit evidence of Death or Dismemberment.

Company: International Medical Insurance Company, Ltd.

Contingent Beneficiary: The Beneficiary(ies) named by the Insured Person that are entitled to payment of Benefits in the event of no named or surviving Primary Beneficiary(ies).

Death: Complete and irreversible cessation of life.

Declaration: The Declaration of Insurance issued by the Company to the Insured Person contemporaneously with this Certificate (and/or upon renewal or Reinstatement hereof) evidencing the Insured Person's insurance coverage under the Master Policy as evidenced by this Certificate, which Declaration shall be incorporated in and become a part of this Certificate.

Dismemberment: Complete and permanent severance through or above wrist or ankle joint. With regard to eyes, Dismemberment means complete and irreversible loss of sight.

Insured Person: The person named on the Declaration of the Certificate.

MP+ International : The certificate of insurance that is required to maintain coverage under the Term Life Insurance and is administered by the Plan Administrator

Period of Insurance: The period beginning on the Effective Date of Coverage of this Certificate and ending on the earliest of the following dates: (a) the termination date specified in the Declaration, or (b) the termination date as determined in accordance with Section B(18), above. The Period of Insurance can be no more than twelve (12) consecutive months.

Physician: A duly licensed practitioner of the medical arts. A Physician must be currently licensed by the state in which the services are provided, and the services must be within the scope of that license.

Plan Administrator: International Medical Group[®], Inc., 2960 N Meridian Street, Indianapolis, Indiana, 46208, Telephone Number 317/655-4500, or 1-800-628-4664, Fax Number 317/655-4505, Website: <http://www.imglobal.com>, Email: info@imglobal.com. As the Plan Administrator, International Medical Group, Inc., acts solely as the disclosed and authorized agent and representative for and on behalf of the Company, and has and shall have no direct, indirect, joint, several, separate, individual, or independent liability or obligation of any kind under the Master Policy or this Certificate to the Insured Person or to any other person or entity.

Premium: The premium payments required to effectuate and maintain the Insured Person's insurance coverage and benefits under this insurance, in the amounts and at the times ("Due Dates") established by the Company in its sole discretion from time to time.

Primary Beneficiary: The Beneficiary(ies) named by the Insured Person as the first party entitled to Benefits.

Principal Sum: The Benefit based upon the attained age of the Insured Person.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Terrorism: The systematic or planned use of violence, fear, or the threat of violence in order to intimidate a population or government, especially as a means of coercion or to obtain a granting of any demand