

Marine Program Transfer Procedures

Please note that these procedures are exclusively for Professional Marine Personnel. This type of portability is not available to members of other industrial classifications.



Transferring from Global Crew Medical InsuranceSM (GCMI), an individual insurance plan to International Marine Medical InsuranceSM (IMMI), a group insurance plan

International Medical Group[®] (IMG[®]) will accept, subject to satisfaction of specific group underwriting and eligibility requirements, all GCMI insured persons who become eligible for IMMI coverage due to a change of employers or change in employer-sponsored benefits. Upon acceptance in the IMMI plan, the length of time previously covered under the GCMI plan (on a continuous basis, without break in coverage, as of the date of transfer) will be credited toward any pre-existing condition waiting period or any other applicable waiting period-based benefit contained in the IMMI certificate.

An eligible crewmember wishing to transfer from GCMI to IMMI must submit a completed Transfer Form and IMMI Enrollment Form. The rules and procedures for dependents shall be the same, provided such dependents meet GCMI citizenship/residency requirements and the eligible crewmember remains insured under either the IMMI or GCMI plan.

Transferring from International Marine Medical Insurance (IMMI), a group insurance plan to Global Crew Medical InsuranceSM (GCMI), an individual insurance plan, due to termination of or loss of eligibility for coverage under the IMMI plan

Upon termination of coverage or loss of eligibility under the IMMI plan, an eligible crewmember (a person meeting all the eligibility requirements for coverage under GCMI) has the following two options available:

1. **Full Underwriting of GCMI application** – upon approval, all time served under IMMI plan will be applied toward the pre-existing condition waiting period or any other applicable waiting period-based benefit of the GCMI.
2. **Guaranteed Issue** – no underwriting (although a GCMI application must still be completed and submitted) – the pre-existing condition waiting period or any other applicable waiting period-based benefit will apply with NO CREDIT for time served under the IMMI plan.

Regardless of the option selected, the crewmember must continue to meet these criteria:

- Crewmember was continuously covered under the IMMI plan for at least 6 continuous months just prior to the termination of coverage or the loss of eligibility under the IMMI plan; and
- Crewmember remains an active full-time professional marine crewmember.

An eligible crewmember wishing to transfer from IMMI to GCMI must submit a completed Transfer Form and GCMI Enrollment Form within 30 days of no longer being covered under the IMMI plan. The transferring crewmember will be eligible for the GCMI “new business rates” for the appropriate age bracket.

The rules and procedures for dependents shall be the same, provided such dependents meet citizenship/residency requirements and the eligible crewmember remains insured under either the IMMI or GCMI plan.

Marine Program Transfer Form



Transferring from: Global Crew Medical InsuranceSM (GCMI)
(individual plan)

International Marine Medical InsuranceSM (IMMI)
(group plan)

Requested effective date of coverage transfer _____

*Note: To enroll in GCMI, the requested effective date **must be** within 30 days of the date of loss of coverage or ineligibility under IMMI)*

IMG Marine Crew Benefits Department
P.O. Box 88500
Indianapolis, Indiana 46208-0500 USA
Phone: 317.655.4500 or
toll-free in the US 800.628.4664
Fax: 317.655.4505

Insured Information

Last name _____ First name _____ MI _____

Residence Address _____

City _____ State _____

Postal code _____ Country _____

ID number _____

Employer _____

Date employed: from _____ to _____

Date coverage began _____ Date coverage ended _____
(must have been covered at least six months to qualify for Transfer of Coverage from group IMMI to individual GCMI)

Are you currently an active full-time crew member? Yes No

Dependents to be covered (employee must be insured)

Spouse name _____

Child name _____ Date of birth _____

Child name _____ Date of birth _____

Child name _____ Date of birth _____

Child name _____ Date of birth _____

Signature of applicant _____ Date _____