

SECTION 1
Transferring from: <input type="checkbox"/> Global Medical Insurance® (GMI) (individual plan) <input type="checkbox"/> GEO Group (group plan)
If transferring from GEO Group to GMI, please choose an option: <input type="checkbox"/> Full underwriting of GMI application <input type="checkbox"/> Guaranteed Issue
Requested effective date of coverage transfer (Day, Mo., Yr.): <i>Note: To enroll in GMI, the requested effective date must be within 30 days of the date of loss of coverage or ineligibility under GEO Group.</i>

SECTION 2 - Insured Information				
Last name:		First name:		Middle Initial:
Residence address:				
City:	State:	Postal Code:	Country:	
ID number:		Employer:		
Date employed (Day, Mo., Yr.): From:		To:	Date coverage began (Day, Mo., Yr.):	Ended:
<i>(Must have been covered at least six months to qualify for Transfer of Coverage from GEO Group to individual GMI)</i>				
Are you currently serving in the same vocation as you were under your previous IMG plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 3 - Dependents to be covered	
Spouse name:	
Child name:	Date of birth (Day, Mo., Yr.):
Child name:	Date of birth (Day, Mo., Yr.):
Child name:	Date of birth (Day, Mo., Yr.):
Child name:	Date of birth (Day, Mo., Yr.):

Signature of applicant: _____ Date (Day, Mo., Yr.): _____