

Volunteer Missionary Travel Insurance[®]

Benefit	Limit	Comments
Accidental Death & Dismemberment under or 70 & over	\$100,000	Reduced to \$10,000 for those 12 &
Medical Expenses limit is available to <i>\$100 deductible</i> pre-existing condition exclusion	\$10,000	Primary coverage; \$2,500 of this pay US providers; no
Disability Income Benefit (no benefit if under age 12 or 70 & over) waiting period)	\$1,000 / mo. \$500 / mo. \$250 / mo.	First 100 Months – Accident Months 101-200 – Accident 50 Months – Sickness (after 3 month
Aggregate Limit benefit for up to 200 accident	\$20,000,000	Provides the full \$100,000 AD&D persons in a common
Assistance Service worldwide provided by Specialty Assist	Included	Available 24/7/365 for assistance with medical emergencies;
Crisis Management Service worldwide emergencies; provided by red24	Included	Available 24/7/365 for assistance with non-medical
Emergency Evacuation insured back to USA; no existing condition exclusions	\$100,000	Coordinated by SAS; will bring pre-
Family Coordination & Repatriation of Mortal Remains includes a sublimit during an	\$25,000	Combined limit for both benefits and of \$2,500 for extra expenses incurred approved Evacuation situation.
Personal Property checked <i>\$100 deductible</i> Additional limits	\$2,500	Replacement cost coverage; includes baggage; “door to door” coverage.

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Enrollment

Please make photocopies of this form for use on future mission trips.

Check One:

Group Leader
Individual

Travel Agent

Please Print

Name:

Signature:

Date:

Address:

City:

State:

Zip:

Phone:

Fax:

E-Mail:

Sponsoring Organization or Other Group:

Federal Tax ID

#:

Job or Project Number (assigned by sponsoring organization):

Master Policy Number: PUSNA0800947 – SAS # 7423

Full w/Crisis Mgt &

Liability

City:

Country:

Destination:

Expected Date of Departure from Home:

Expected Date of Arrival Back Home:

Please note this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

Premium Computation

$$\begin{array}{r}
 \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \underline{\hspace{2cm}} \quad \times \quad \underline{3.30} \\
 = \quad \underline{\hspace{2cm}} \\
 \text{Number of Persons} \qquad \text{Number of Days} \qquad \text{Person/Days} \\
 \text{Premium}
 \end{array}$$

Participants Traveling – if additional space is needed, please attach your list of team members. If different travel dates, please note so the proper premium can be calculated. [Passport numbers are now](#)

required.

Name (Required)	Date of Birth (Required)	Passport Number	Beneficiary (or Estate of insured)
1.			
2.			
3.			
4.			

Note: The coverages & services are being provided by certain underwriters with Lloyds (of London). By requesting that our office enroll you or your group, you are agreeing to participate in a Trust designed to provide these insurance benefits & services. A copy of the Trust Participation Agreement will be provided upon request.

Mail or Fax to:

PO Box 5845 • Columbia, SC 29250-5845

Tel: (803) 758-1400 • 800-922-8438 • Fax: (803) 252-1988

E-mail: [HYPERLINK "mailto:aai@ajg.com" aai@ajg.com](mailto:aai@ajg.com) • Web:

[HYPERLINK http://www.aaintl.com](http://www.aaintl.com) www.aaintl.com

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Please indicate your payment method: Check Credit Card Other

Note: We reserve the right to apply a 3% handling fee to some transactions.