

Short-Term Travel Application

Return this form and full payment to: Adventist Risk Management, Inc.

Customer Care Center, 12501 Old Columbia Pike, Silver Spring, MD 20904, Main Number: 1-800-951-4276, E-mail: sttservice@adventistrisk.org
Field Services, 119 St. Peters Street, St. Albans, Hertfordshire, AL1, 3EY, England, Office: 441-727-865773 E-mail : sttservice@adventistrisk.org

1 General Information

Division _____ Union _____ Conference/Institution _____

Contact Name: _____ Church Name: _____

Address: _____

Telephone: _____ E-mail: _____

Participants Name (Each participant must be listed separately, beginning with the group leader. Please attach additional sheets as needed.)

1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

Check this box if between 80–84 years old; coverage terminates on the date you attain age 85 (see reverse side for added rates).

Date Travel Commences: _____ Date Travel Ends: _____
month / day / year month / day / year

Destination: _____ Purpose of Trip/Project Name: _____

Eligibility Status (Please check one):

Class I Employee Approved Volunteer on Church Project Retired SDA Denominational Employee
Class II Spouse of Class I Insured **Class III** Dependent Child of Class I Insured

I understand that if during my trip I find that coverage dates need to be extended, I must apply for an extension. Otherwise, coverage will be canceled on the ending date shown above. **Initials:** _____

2 Travel Information

Please check a Plan (See attached sheets for explanation for each plan and its rates).

Plan A—Travel does not include destinations in the USA/Canada
 Plan A Enhanced—Travel does not include destinations in the USA/Canada
 Plan B—Travel to the USA/Canada only (Plan not available for USA/Canada residents in home country)
 Plan B Enhanced—Travel to the USA/Canada only (Plan not available for USA/Canada residents in home country)

Optional—Additional Trip Cancellation & Trip Interruption Limit: Yes, I would like to purchase additional trip cancellation for an additional premium, as specified on rate table attached (Page 2 of form).

Additional Trip Cancellation & Interruption Desired: \$500.00 Limit \$1,000.00 Limit \$1,400.00 Limit

3 Method of Payment

All checks are to be made payable to Adventist Risk Management, Inc. and mailed with this application to the above address. The **FULL** premium must be received at the time of application otherwise your coverage will not be in effect. Invoicing is only available as authorized below by a billable entity.

Print Name and Title: _____ Check Number: _____ \$ _____

Authorized Signature: _____ Title: _____ Date: _____
Required for Billing month / day / year

4 Rates—Base Plan

	PLAN A Rates	PLAN B Rates	PLAN A Enhanced Rates	PLAN B Enhanced Rates	Ages 80-84**	Ages 80-84**
	Travel Excluding USA/CANADA	Travel Including USA/CANADA	Travel Excluding USA/CANADA	Travel Including USA/CANADA	PLANS A & B	PLANS A & B Enhanced
1-7 days (1 week)	\$12.91	\$24.73	\$53.11	\$61.09	Add \$1.27/per day	Add \$1.27/per day
1-14 days (2 weeks)	\$18.33	\$40.57	\$87.17	\$100.24	Add \$1.27/per day	Add \$1.27/per day
1-21 days (3 weeks)	\$22.30	\$49.27	\$105.81	\$121.68	Add \$1.27/per day	Add \$1.27/per day
22 to 180 days	\$0.74 (see calculation below)	\$1.37	\$2.32	\$2.50	Add \$1.27/per day	Add \$1.27/per day

** Coverage is not available for those ages 85 and above. Ages 80–84 please add an additional \$1.27/per day to your base rate. For example: **If traveling for six (6) days using Plan A, the amount due is \$20.53 (\$12.91 + (6 x \$1.27)).**

***Twenty-two (22) plus days are calculated based on 0.74 [Plan A]; 2.32 [Plan A Enhanced]; 1.37 [Plan B]; and 2.50 [Plan B Enhanced] per day plus the base rate for twenty one (21) days.

Calculation:

Plan A – Cost for 30 days: $(.74 \times (9 \text{ days over } 21)) + 22.30 = \28.96

Plan B – Cost for 30 days: $(1.37 \times (9 \text{ days over } 21)) + 49.27 = \61.60

Plan A Enhanced – Cost for 30 days: $(2.32 \times (9 \text{ days over } 21)) + 105.81 = \126.69

Plan B Enhanced – Cost for 30 days: $(2.50 \times (9 \text{ days over } 21)) + 121.68 = \144.18

REFUNDS AND APPLICATION CHANGES

For each application submitted, a transaction fee of \$20 is charged. Once an application has been submitted and a payment choice has been made, it cannot be altered or refunded.

Refunds are limited and are subject to the following terms.

Premium is considered fully earned and is not refundable for any Term of Insurance issued for 21 days or less. There is a Minimum Premium for up to 21 days of travel. Refunds for mid-term cancellations over the initial 21 days are refundable if the amount is in excess of \$25.00 and will be calculated using the 180 day travel factor.

Please contact our Customer Care office for a refund request.

5 Rates—Optional Plans

Additional Trip Cancellation & Interruption Rates:

Additional Limits Available	\$ 500 limit	\$1,000 limit	\$1,400 limit
Rate for each option	\$56.23	\$112.10	\$156.70

Payment Calculation:

I. Base Travel Plan Premium	\$ _____
II. Additional Trip Cancellation	+\$ _____
Processing Fee (\$20.00 Per Application)	+\$ _____
Total Due to ARM	= \$ _____ (This is the amount to be sent along with your application)
The FULL premium must be received at the time of application otherwise your coverage will not be in effect. Please make checks payable to Adventist Risk Management, Inc.	

Short-Term Travel—Policy Summary #9017429

ELIGIBILITY FOR COVERAGE

Class I Insured

Employee, Retiree or Approved Volunteer

Class II Insured

Spouse of Class I Insured

Class III Insured

Dependent Child of Class I Insured

This coverage is for Class I, II, and III Insureds on official business of and/ or sponsored (approved) travel by the Seventh-day Adventist Church who has paid the premium for each benefit and coverage. It covers travel worldwide and includes coverage for limited vacation and travel when combined with a business or sponsored activity. Vacation only travel is available to the Employee or Retiree. THIS POLICY DOES NOT PROVIDE BENEFITS FOR LOSS OCCURRING WITHIN THE INSURED PERSONS COUNTRY OF RESIDENCE FOR WHICH BENEFITS ARE PAYABLE UNDER ANY PRIVATE, STATE OR GOVERNMENT INSURANCE PLAN.

NOTE: For broader construction coverage please request our Volunteer policy to be added to this package.

ACCIDENTAL DEATH & DISMEMBERMENT:

PLAN A Limit – \$5,000

PLAN B Limit – \$10,000

PLAN A ENHANCED Limit – \$100,000

PLAN B ENHANCED Limit – \$100,000

This pays compensation for death, dismemberment, and loss of sight, speech, hearing and severance or loss of use of any limb occurring within 180 days of the accident.

ASSISTANCE SERVICE:

The company will provide assistance to the eligible person to obtain the following services: 1) Medical Assistance, 2) Medical Evacuation, 3) Repatriation, 4) Legal Assistance and 5) Lost Luggage & Passport.

BASIC MEDICAL:

PLAN A Limit – \$140,000*

PLAN B Limit – \$280,000*

PLAN A ENHANCED Limit – \$500,000*

PLAN B ENHANCED Limit – \$500,000*

The following expenses will be paid if incurred as a result of accident or illness:

1. Hospital Charges
2. Charges made for diagnosis, treatment and surgery by a physician
3. Anesthetic charges
4. Medications, prescriptions, x-rays and lab tests and services
5. Physiotherapy (if recommended by physician)
6. Hotel expenses if hospital room is unavailable
7. Ambulance service charges
8. Additional expenses incurred for medical care during travel and for additional airfare charges for changes in schedule or original return ticket.

NOTE: This coverage excludes pre-existing medical illness or conditions. A deductible of \$15 per person/occurrence will apply on all Medical Expenses.

PERSONAL EFFECTS BAGGAGE:

PLAN A Limit – \$1,500*

PLAN B Limit – \$3,000

PLAN A ENHANCED Limit – \$3,000*

PLAN B ENHANCED Limit – \$3,000*

This covers loss or damage to baggage and personal effects. Money, securities and travel documents are limited to \$250.

NOTE: A police report is required for loss caused by theft. A deductible of \$25 on all Personal Effects/Baggage Losses.

EMERGENCY EVACUATION AND REPATRIATION: All plans include \$500,000 of Emergency Medical Evacuation and \$500,000 of Repatriation of Remains benefit.

Emergency Medical Evacuation – Provides up to the stated maximum amount for transportation of an insured person from a location having inadequate medical facility to treat the insured's condition to a facility which does.

Repatriation of Remains – Up to the stated maximum amount will be paid for the return of the remains of any insured person to the country of domicile in the event the insured person dies while this policy is in effect.

TRIP CANCELLATION:

All plans include \$800 limit

This coverage pays for expense caused by a cancellation in the insured's trip if caused by death, illness, or accidental bodily injury (which occurs after this coverage is in place). To the insured or any immediate family member. Extra limits are available for an additional premium.

WITH OPTIONAL PLANS:

Additional Trip Cancellation & Trip Interruption

\$500 Limit

\$1,000 Limit

\$1,400 Limit

This coverage is an option you can choose to purchase an additional trip cancellation and trip interruption (in addition to the \$800 included in the policy) for the amount stated above. This coverage pays for expenses cause by a cancellation or interruption in the insured's trip if caused by death, illness, accidental bodily injury, natural disaster, strike or financial insolvency of the travel supplier. **Trip Cancellation and Trip Interruption coverages are applicable only if the coverages were purchased by the insured within seven (7) days of his/her initial payment for the trip.**

WAR RISK - War risk coverage is not included automatically with this policy, but can be included for an additional premium when requested at least two weeks prior to the trip date. Premium for War Risk will be provided upon request.

Your rights as an insured may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC).

NOTE: This is only a brief description of the benefits of this Plan and does not cover all the terms, conditions and limitations. The Master Policy shall provide the only basis for coverage and claims. If there is any conflict between the encouraged to review the Master Policy for complete terms and conditions.