



Return this form to:

# Adventist Risk Management, Inc.

Attn: Field Services  
12501 Old Columbia Pike, Silver Spring, MD 20904  
(301) 680-6825 (301) 680-6840 fax

Attn: Field Services  
11291 Pierce Street, Riverside, CA 92515  
(951) 353-6836 (951) 353-6848 fax

## AIG SHORT TERM TRAVEL APPLICATION

**DIVISION**

**UNION**

**CONFERENCE**

Church Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

**NAME** (each participant must be listed separately beginning with Group Leader. Please attach additional sheets as needed).

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AGE**  Check box if between 80 - 85 years old. See reverse side for added rates

**DESTINATION** \_\_\_\_\_ **PROJECT NAME** \_\_\_\_\_

**DATE TRAVEL COMMENCES:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**DATE TRAVEL ENDS:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**IF DURING YOUR TRIP YOU FIND THAT COVERAGE DATES NEED TO BE EXTENDED, YOU MUST APPLY FOR AN EXTENSION. OTHERWISE, COVERAGE WILL BE CANCELED ON THE ENDING DATE SHOWN ABOVE. INITIALS** \_\_\_\_\_

**TRAVEL INFORMATION:**  **Plan A** - Travel Outside USA/Canada  **Plan B** - Travel To USA/Canada  
(Coverage is not available in the home country.)

**ADDITIONAL TRIP CANCELLATION LIMITS (if preferred)** \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$1,400 \_\_\_\_\_

**METHOD OF**

**PAYMENT:** Check # \_\_\_\_\_ \$ \_\_\_\_\_ Money Order # \_\_\_\_\_ \$ \_\_\_\_\_  
Portion belonging to: STT \$ \_\_\_\_\_ Volunteer Labor \$ \_\_\_\_\_

**All checks are to be made payable to Adventist Risk Management, Inc. and mailed with this application to the above address otherwise, an invoice will be generated.**

\_\_\_\_\_  
**Authorized Signature** **Title** **Date**

**BENEFICIARY INFORMATION**

**Primary Beneficiary :** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Contingent Beneficiary:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Insured's Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SHORT TERM TRAVEL – POLICY SUMMARY

### AIG #9017429-A

**This coverage is for anyone on official business of and/or sponsored travel by the Seventh-day Adventist Church. It covers travel worldwide and includes coverage for limited vacation travel when combined with a business or sponsored activity. This coverage is provided for individuals outside of their home country.** 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:** This policy is for travel coverage and is not meant to insure high risk, physical hazards such as: construction work, organized competitive sports, mountain climbing, hang gliding, etc. If you are engaged in volunteer labor activities during your trip, please apply for the *volunteer labor policy* which includes construction coverage in addition to this plan.

**ACCIDENTAL DEATH & DISMEMBERMENT:** **PLAN A LIMIT \$5,000**      **PLAN B LIMIT - \$10,000**  
 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\***

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.

**PERSONAL EFFECTS/BAGGAGE:** **\$1,500\***      **\$3,000\***  
 This covers loss of 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.

**EMERGENCY EVACUATION / REPATRIATION:** **PLAN A LIMIT \$15,000/\$5,000**      **PLAN B LIMIT-\$15,000/\$5,000**

The expenses of transporting the insured to the nearest acceptable hospital at the recommendation of a physician and for the cost of transporting the insured to the county/place of residence for further treatment of recovery. This also covers transportation of the deceased to place of residence and miscellaneous funeral expenses.

**TRIP CANCELLATION:** **PLAN A LIMIT \$800**      **PLAN B LIMIT - \$800**

This coverage pays for expenses 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.

**\*A deductible of \$15 per person/occurrence will apply on all Medical Expenses and \$25 on all Personal Effects/Baggage Losses.**

RATES**					
PLAN A		PLAN B		Ages 80-85**	
Travel Excluding USA/CANADA		Travel Including USA/CANADA		Plans A & B	
1 to 7 days (1 week)	\$5.00	1 to 7 days (1 week)	\$18.00	Add \$.60/per day	
1 to 14 days (2 weeks)	\$7.15	1 to 14 days (2 weeks)	\$29.60	Add \$.60/per day	
1 to 21 days (3 weeks)	\$8.60	1 to 21 days (3 weeks)	\$36.00	Add \$.60/per day	
22 to 180 days (.26 x # of days) + 8.60***		22 to 180 days (.98 x # of days ) + 36.00***		Add \$.60/per day	

\*\* Coverage is not available for those over age 85. Ages 80-85 please add an additional \$.60/per day to your base rate. For example....

if traveling for 6 days using Plan A, amount due is \$8.60 (\$5.00 + (6\*\$.60))

\*\*\*TWENTY TWO (22 PLUS DAYS ARE CALCULATED BASED ON .26 OR .98 (DEPENDING ON PLAN) PER DAY PLUS THE BASE RATE FOR TWENTY ONE (21) DAYS.

**ADDITIONAL TRIP CANCELLATION**

\$ 500 limit      \$24.75      \$1,000 limit      \$49.50      \$1,400 limit      \$69.30