



Return this form to:
Adventist Risk Management, Inc.
 Attn: Gertha Martinez
 12501 Old Columbia Pike, Silver Spring, MD 20904
 (301) 680-6825 Fax (301) 680-6840

**VOLUNTEER LABOR COVERAGE APPLICATION
 (CONSTRUCTION)**

DIVISION _____ UNION _____ CONFERENCE _____

ACADEMY, LOCAL CHURCH GROUP OR INDIVIDUAL (Name, Address & Phone Number)
(Local churches, PLEASE be sure to list the name of your conference above)

Contract Name: _____ Address: _____
 Telephone No: _____

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

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

Type of Construction _____

Location of Construction _____

Date Project Begins: _____ Date Project Ends: _____

Rates	Without Travel Coverage*	=	\$ 1.78 Per Volunteer per day
	With Travel Coverage*	=	\$ 1.95 Per Volunteer per day
*Without Travel means that the individual would not be covered while traveling to and from the construction project.			
*With Travel means that the individual would be covered while traveling to and from the construction project.			

Number of Participants: _____ Number of Days: _____ Premium Amt. _____
(\$1.78 per volunteer per day without travel coverage)

Number of Participants: _____ Number of Days: _____ Premium Amt. _____
(\$1.95 per volunteer per day with travel coverage)

TOTAL PREMIUM _____

***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: _____

Volunteer Labor Summary

Policy #SGR 9019830 Insurance Carrier: National Union Fire Insurance Company of Pittsburgh, PA.

Plan Summary for the General Conference of Seventh-day Adventists, Adventist Risk Management, Inc.

Who is Eligible? All persons performing voluntary labor and services for a named member institution of the Policyholder as shown in the Policy, provided such labor has been duly authorized by the Local Pastor, a Denominational Conference employed individual, the head Elder at the local church, recognized official or administrator of the insured institution. This will include traveling to and from such activity.

Class descriptions for Volunteer Labor Coverage

Class I All approved volunteers age 16 to 65
Class II All Approved volunteers age 66 to 70
Class III All approved volunteers under age 16 & over age 70

The Benefit Accidental Death & Dismemberment: Class I Participants \$50,000 limit
Class II Participants \$25,000 limit
Class III Participants \$10,000 limit

(The accidental death & dismemberment benefit provides a percentage of the principal sum if the following happens)

Loss of: Two Hands, Two Feet, or the Sight of both Eyes 100% of Principal Sum
One Hand and One Foot 100% of Principal Sum
One Hand and the Sight of One Eye 100% of Principal Sum
One Foot and the Sight of one Eye 100% of Principal Sum
One Hand, One Foot or the Sight of One Eye 50% of Principal Sum
Thumb and Index Finger 25% of Principal Sum

Medical Expense Benefit: If an injury occurs as the result of accident requiring the services of a legally qualified physician, surgeon or other health care professional along with hospital confinement, ambulance services, use of operating room, anesthetic and/or other approved equipment and services the company will pay the expenses actually incurred after satisfaction of deductible, (if any is stated in the master policy).*

The Weekly Accident Indemnity is: \$300 per week**
The Maximum Medical Benefit is: \$35,000.00

*(For full details of the covered expenses refer to the master policy)

** (This amount is excess. It is paid only after all primary insurance coverage the participant is eligible for is exhausted & for disability.)

Exclusions *Suicide or attempted suicide* *War (declared or undeclared)*
Taking part in a felony *Bacterial Infection not caused by an accidental cut, wound, food poisoning, illness, disease or bodily infirmity.*

Claims Written notice of a claim must be given to the Company within 20 days after the occurrence or loss covered by the Policy, or when reasonably possible. The Company will then issue claims forms to the claimant. If claims forms are not furnished within 15 days after notice by the claimant the claimant shall be deemed as having complied with the requirements of the Policy as to proof of loss.

This summary does not replace the provisions stated in the Master Policy. Any discrepancy between the provisions stated in this summary and those of the Master Policy the provisions in the Master Policy will govern.