Return this form to:



Adventist Risk Management, Inc. Attn: Gertha Ramirez, FSR

Attn: Gertha Ramirez, FSR 12501 Old Columbia Pike, Silver Spring, MD 20904 (301) 680-6825 Fax (301) 680-6840

AIU SHORT TERM TRAVEL APPLICATION

DIVISION		UNION		CONFER	ENCE	
Contact Name	e: e:		_ Telephone No			
NAME (each pa	articipant must be	e listed separately beginnin				
		etween 80 – 85 years		se side for added ra AME		
DATE TRAVI				Day		
DATE TRAVEL ENDS:			Month	Day	Year	
OTHERWISE, CO	ORMATION:	LAT COVERAGE DATES NEED CANCELED ON THE ENDING I Plan A – Travel do USA/Canada	DATE SHOWN ABOVE.	Initials	includes nts of the USA/Canada	
ADDITIONAL	TRIP CANCE	LLATION LIMITS (if pr	referred) \$500	\$1,000	\$1,400	
METHOD OF PAYMENT:		\$ing to: STT \$				
All checks are the above add	to be made pa	yable to Adventist Ris an invoice will be gen	k Management, Ir			
Authorized Signature		Title		Date		
_		BENEFICIA	RY INFORMATION			
Primary Beneficiary:			Relationship			
				ionship		
Insured's Signature	e :		Date:			

SHORT TERM TRAVEL – POLICY SUMMARY AIU #9017429

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. **For adequate construction coverage, please request our Volunteer Labor policy to be added to this package.**

ACCIDENTAL DEATH & DISMEMBERMENT: PLAN A LI

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. Benefit is limited to 10% of loss if from a closed vehicle.

NOTE: A police report is required for loss caused by theft.

EMERGENCY EVACUATION & REPATRIATION: PLAN A LIMIT \$15,000 PLAN B LIMIT - \$15,000

It pays for 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 this 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) \$4.40	1 to 7 days (1 week) \$17.70	Add \$.58/per day				
1 to 14 days (2 weeks) \$6.30	1 to 14 days (2 weeks) \$29.00	Add \$.58/per day				
1 to 21 days (3 weeks) \$7.60	1 to 21 days (3 weeks) \$35.25	Add \$.58/per day				
22 to 180 days (.26 x # of days) + 7.60***	22 to 180 days (.98 x # of days) + 35.25***	Add \$.58/per day				

^{**} Coverage ends at age 85. Ages 80-85 please add an additional \$.58/per day to your base rate. For example if traveling for 6 days using Plan A, amount due is \$7.88 [\$4.40 + (6*\$.58)]

ADDITIONAL TRIP CANCELLATION

\$ 500 limit \$22.50 \$1,000 limit \$45.00 \$1,400 limit \$63.00

^{***} 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.