

Return this form to:



# Adventist Risk Management, Inc.

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** \_\_\_\_\_

**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 does not include USA/Canada  Plan B – Travel includes USA/Canada (residents of the USA/Canada are not covered under Plan B)

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: _____

