



# SHORT-TERM TRAVEL APPLICATION

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

**PLACEMENT SERVICES DEPARTMENT:** 12501 Old Columbia Pike, Silver Spring, MD 20904, Main Number: 1-800-951-4276, E-mail: sttservice@adventistrisk.org  
**ACCOUNT EXECUTIVE:** 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: \_\_\_\_\_  
month / day / year

Date Travel Ends: \_\_\_\_\_  
month / day / year

Destination: \_\_\_\_\_

Purpose of Trip/Project Name: \_\_\_\_\_

**ELIGIBILITY STATUS** (Please check one):

- Employee                       Approved Volunteer on Church Project                       Retired SDA Denominational Employee  
 Spouse of Class I Insured                       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).

- CLASS I** - Travel does not include continental destinations in the USA/Canada  
 **CLASS I Enhanced** - Travel does not include continental destinations in the USA/Canada  
 **CLASS II** - Travel worldwide  
 **CLASS II Enhanced** - Travel worldwide

**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 \$1.01/per day	Add \$1.01/per day
1-14 days (2 weeks)	\$18.33	\$40.57	\$87.17	\$100.24	Add \$1.01/per day	Add \$1.01/per day
1-21 days (3 weeks)	\$22.30	\$49.27	\$105.81	\$121.68	Add \$1.01/per day	Add \$1.01/per day
22 to 180 days	\$0.74 (see calculation below)	\$1.37	\$2.32	\$2.50	Add \$1.01/per day	Add \$1.01/per day

\*\* Coverage is not available for those ages 85 and above. Ages 80–84 please add an additional \$1.01/per day to your base rate.

For example: **If traveling for six (6) days using Plan A, the amount due is \$18.97 (\$12.91 + (6 x \$1.01)).**

\*\*\*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:**

**CLASS I** - Cost for 30 days:  $(.74 \times (9 \text{ days over } 21)) + 22.30 = \$28.96$

**CLASS II** - Cost for 30 days:  $(1.37 \times (9 \text{ days over } 21)) + 49.27 = \$61.60$

**CLASS I ENHANCED** - Cost for 30 days:  $(2.32 \times (9 \text{ days over } 21)) + 105.81 = \$126.69$

**CLASS II 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 us by email at: [sttservice@adventistrisk.org](mailto:sttservice@adventistrisk.org)

## 5 RATES - OPTIONAL PLANS

### ADDITIONAL TRIP CANCELLATION & INTERRUPTION RATES:

Additional Limits Available	\$ 500 limit	\$1,000 limit	\$1,400 limit
Rate for each option	\$56.68	\$112.30	\$157.22

### PAYMENT CALCULATION:

I. Base Travel Plan Premium	\$
II. Additional Trip Cancellation	+\$
Processing Fee (\$20.00 Per Application)	+\$
<b>Total Due to ARM</b>	<b>=\$ (This is the amount to be sent along with your application)</b>
The <b>FULL</b> 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.	

# GENERAL CONFERENCE OF SEVENTH-DAY ADVENTIST - SHORT TEM TRAVEL POLICY

Effective January 1, 2013

Policy # GLM N0651118

## CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

### PLAN A CLASS 1

All approved volunteers, employees and retirees whose names are on file with the Participating Organization while traveling worldwide except to destinations in the Continental United States and Canada.

### PLAN A CLASS 2

All approved volunteers, employees and retirees (not Class 1) whose names are on file with the Participating Organization while traveling worldwide.

\*Dependents of Class(es) 1, 2 Insureds are eligible for Coverage under this Policy.

### BENEFITS:

- Medical Expense Benefits
- Emergency Medical Benefits
- Emergency Medical Evacuation Benefit
- Repatriation of Remains Benefit

### ADDITIONAL BENEFITS

- Chaperone Replacement Benefit
- Emergency Reunion Benefit
- Home Country Emergency Benefit
- Home Country Extension Benefit
- Hospital Confinement Benefit
- Personal Property Benefit
- Security Evacuation Expense Benefit
- Trip Cancellation and Interruption Benefit
- Accidental Death & Dismemberment Benefits
- Coma Benefit

## BENEFITS

### MEDICAL EXPENSE BENEFITS

Total Maximum for all Accident or Sickness Expense Benefits:

<b>CLASS 1</b>	<b>\$140,000 or \$500,000 for enhanced plan election</b>
<b>CLASS 2</b>	<b>\$280,000 or \$500,000 for enhanced plan election</b>
<b>SPOUSE OF CLASS 1</b>	<b>\$140,000 or \$500,000 for enhanced plan election</b>
<b>SPOUSE OF CLASS 2</b>	<b>\$280,000 or \$500,000 for enhanced plan election</b>
<b>CHILDREN OF CLASS 1</b>	<b>\$140,000 or \$500,000 for enhanced plan election</b>
<b>CHILDREN OF CLASS 2</b>	<b>\$280,000 or \$500,000 for enhanced plan election</b>

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## SCHEDULE OF BENEFITS

Limitations and exclusions may apply.

Maximum for Dental Treatment (Alleviation of Pain):	\$500
Maximum for Emergency Medical Treatment of Pregnancy:	\$10,000
Maximum for Room & Board Charges:	Average Semi Private Room Rate
Maximum for ICU Room & Board Charges:	Two (2) Times Average Semi Private Room Rate
Pre-existing limitation	6 months
Maximum for Prescription Drugs: Inpatient Co-insurance: Outpatient Co-insurance:	100% of the Usual and Customary 100% of the Usual and Customary
Deductible:	\$0 per Covered Accident or Sickness
Co-insurance Rate:	100% of the Usual and Customary Charges
Incurral Period:	30 days after the date of Covered Accident or Sickness
Maximum Benefit Period:	The earlier of the date the Covered Person's Trip ends, or 365 days from the date of a Covered Accident or Sickness
Maximum Period of Coverage:	365 days

### Chaperone Replacement Benefit

Benefit Maximum: \$5,000

### Emergency Medical Benefits

Benefit Maximum: up to \$10,000

### Emergency Medical Evacuation Benefit

Benefit Maximum: 100% of the Covered Expenses

### Repatriation of Remains Benefit

Benefit Maximum: 100% of the Covered Expenses

### Emergency Reunion Benefit

Benefit Maximum: \$5,000  
Airline Ticket Maximum: \$2,000  
Daily Benefit Maximum: \$500  
Maximum Number of Days: 10

### Home Country Emergency Benefit

Benefit Maximum: Up to the Medical Expense Benefit Maximum  
Deductible: \$0 per Covered Accident or Sickness  
Maximum Benefit Period: 52 weeks

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**Home Country Extension Benefit**

Benefit Maximum:	\$30,000
Deductible:	\$0
Maximum Benefit Period:	90 days

**Hospital Confinement Benefit**

Daily Benefit:	\$200
Time Period for Confinement:	25 days
Benefit Waiting Period:	5 days
Maximum Benefit Period:	365 days from the date of the Covered Accident or Sickness

**Personal Property Benefit**

Deductible per Trip:	\$25
Benefit Maximum per Trip:	
Class 1 and Dependents of Class 1:	\$1,500
Class 2 and Dependents of Class 2:	\$3,000
Benefit Maximum per Item or Set of Items:	
Class 1 and Dependents of Class 1:	\$1,500
Class 2 and Dependents of Class 2:	\$3,000

**Security Evacuation Expense Benefit**

Benefit Maximum:	\$5,000
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**Trip Cancellation and Interruption Benefit**

Benefit Maximum:	\$1,000 per Policy Term
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**Accidental Death & Dismemberment Benefits****Principal Sum:**

Class 1	\$5,000 or \$100,000 for enhanced plan election
Class 2	\$10,000 or \$100,000 for enhanced plan election
Spouse of Class 1	\$5,000 or \$100,000 for enhanced plan election
Spouse of Class 2	\$10,000 or \$100,000 for enhanced plan election
Children of Class 1	\$5,000 or \$100,000 for enhanced plan election
Children of Class 2	\$10,000 or \$100,000 for enhanced plan election

<b>Time Period for Loss:</b>	365 from the date of a Covered Accident
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**Coma Benefit**

Benefits are payable initially as 1% of the Principal Sum per Month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum.

**WAR RISK**

War risk coverage is not available in the United States, the Covered Person's Home Country, the Covered Person's Country of Permanent Assignment, Specific Countries to include Afghanistan, Iran, Iraq, Israel (West bank and Gaza), Pakistan, Democratic Republic of Congo, Libya, Nigeria, Somalia, Sudan, Syria, Yemen. To request War Risk coverage while traveling to the Specific Countries, please contact Adventist Risk Management's at least two weeks prior to the trip date.

**OFAC**

Any payments under the policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information you may consult the OFAC internet website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/)

For additional information please visit <http://www.treas.gov/offices/enforcement/ofac/faq/answer.shtml#9>