



Short Term Travel (STT) Application

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

CLIENT CARE DEPARTMENT: 12501 Old Columbia Pike, Silver Spring, MD 20904
Main Number: 1-888-951-4276 | **Email:** sttservice@adventistrisk.org

1. GENERAL INFORMATION

Division	Union	Conference
Contact Name	Church Name	
Address		
Telephone	Email	

Name of Participants

Each participant must be listed separately, beginning with the group leader. Please attach additional sheets as needed.

01		05		09	
02		06		10	
03		07		11	
04		08		12	

Check this box if between 80-84 year old; coverage terminates on the date you 85 (see the next page for rates).

Date Travel Commences (month/day/year)	Date Travel Ends (month/day/year)
Destination	Purpose of Trip/Project Name

Eligibility Status—Please select one

Employee	Approved volunteer on Church Project	Retired SDA Denominational Employee	Dependents
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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 cancelled on the ending date shown above.

INITIALS: _____

Short Term Travel (STT) Summary of Coverage and Application

2. TRAVEL INFORMATION

Please select a Class (see the following pages for explanations of each Class and its rates.

CLASS 1 and CLASS 1 Enhanced:	Travel destinations worldwide except to destinations in the United States and Canada	
CLASS 2 and CLASS 2 Enhanced:	Travel destinations worldwide	
Optional—Additional Trip Cancellation and Trip Interruption Limit:		
Yes, I would like to purchase additional trip cancellation for an additional premium, as specified in rate table on the following page.		
Additional Trip Cancellation and 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 (month/day/year)

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Summary of Coverage and Application

4. RATES—BASED ON DAYS OF TRAVEL

	CLASS 1	CLASS 2	CLASS 1 Enhanced	CLASS 2 Enhanced	Ages 80 up to 85*
	Travel Excluding USA/CANADA	Travel Including USA/CANADA	Travel Excluding USA/CANADA	Travel Including USA/CANADA	CLASSES 1 & 2
1-7 days (1 week)	\$20.51	\$48.26	\$84.39	\$119.21	Add \$2.00/per day
1-14 days (2 weeks)	\$29.12	\$79.17	\$138.50	\$195.62	Add \$2.00/per day
1-21 days (3 weeks)	\$35.43	\$96.15	\$168.12	\$237.45	Add \$2.00/per day
22 to 364 days**	\$1.18 (see calculation below)	\$2.67	\$3.69	\$4.88	Add \$2.00/per day

* For insured parties over the age of 80, up to 85, the additional rate is \$2.00/per day. Coverage is not available for those aged 85 and above.

** For 22–364 days: (Additional Rate) x (Number of Days in Excess of the First 21 Days) + (First 21 Days Rate) = (Cost)

CALCULATION	Travel Days	Additional Rate	# of Days in Excess of 21 Days	First 1-21 Days	Cost
Class 1	30 Days	\$1.18	9	\$35.43	\$46.05
Class 2	30 Days	\$2.67	9	\$96.15	\$120.18
Class 1 Enhanced	30 Days	\$3.69	9	\$168.12	\$201.33
Class 2 Enhanced	30 Days	\$4.48	9	\$237.45	\$277.77

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 364 day travel factor.
- Please contact us by email at: sttservice@adventistrisk.org

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5. RATES—OPTIONAL PLANS

Additional Trip Cancellation and Interruption Rates

Additional Limits Available	\$500 Limit	\$1,000 Limit	\$1,400 Limit
Rate for each option	\$65.96	\$131.71	\$182.97

Payment Calculation:

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

The **FULL** 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 Term Travel Policy
Effective 1 January, 2026 | Policy # GLM N06531118

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.*

CLASS 1 and CLASS 1 Enhanced

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

CLASS 2 and CLASS 2 Extended

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

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
- Quarantine Benefit
- Trip Delay Benefit

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BENEFITS

Medical Expense Benefits

Total Maximum for all Accident or Sickness Expense Benefits:

CLASS 1	\$140,000 or \$500,000 for enhanced plan election
CLASS 2	\$280,000 or \$500,000 for enhanced plan election

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 and Board Charges	Average Semi-Private Room Rate
Maximum for ICU Room and Board Charges	Two (2) Times Average Semi-Private Room Rate
Pre-existing limitation	6 months
Maximum for Prescription Drugs:	
Inpatient Coinsurance	100% of the Usual and Customary
Outpatient Coinsurance	100% of the Usual and Customary
Deductible	\$0 per Covered Accident or Sickness
Coinsurance 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	364 days

Chaperone Replacement Benefit

Benefit Maximum \$5,000

Emergency Medical Guarantee of Payment 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

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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

Hospital Confinement Benefit

Daily Benefit	\$200
Time Period for Confinement	25 days
Benefit Waiting Period	5 days
Maximum Benefit Period	90 day from the date of the Covered Accident or Sickness

Personal Property Benefit

Deductible per Trip	\$25
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Benefit Maximum per Trip:

Class 1	\$1,500
Class 2	\$3,000

Benefit Maximum per Item or Set of Items:

Class 1	\$1,500
Class 2	\$3,000

Security Evacuation Expense Benefit

Benefit Maximum	\$25,000
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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	\$10,000 or \$100,000 for enhanced plan election
Class 2	\$25,000 or \$100,000 for enhanced plan election

Time Period for Loss	365 from the date of a Covered Accident
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Quarantine Benefit

Benefit Maximum	\$1,000
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Trip Delay Benefit

Maximum	\$1,000
Time Period	6 hours
Daily Benefit	\$200
Maximum Benefit Period	5 days

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.

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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, Belarus, Iran, Israel, Lebanon, Libya, Russia, Ukraine, and West Bank/Gaza. To request War Risk coverage while traveling to the Specific Countries of Afghanistan, Israel, Lebanon, and Ukraine, please contact Adventist Risk Management 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 website at <https://ofac.treasury.gov/>