



# SHORT-TERM TRAVEL 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, **E-mail:** sttservice@adventistrisk.org

## 1 GENERAL INFORMATION

DIVISION:

UNION:

CONFERENCE:

CONTACT NAME:

CHURCH NAME:

ADDRESS:

TELEPHONE:

EMAIL:

**NAMES OF PARTICIPANTS** — Each participant must be listed separately, beginning with the group leader. Please attach additional sheets as needed.

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Tick this box if between 80–84 years old; coverage terminates on the date you reach 85 (see reverse side for added rates).

DATE TRAVEL COMMENCES:

day/month/year

DATE TRAVEL ENDS:

day/month/year

DESTINATION:

PURPOSE OF TRIP/PROJECT NAME:

**ELIGIBILITY STATUS** — Please tick one:

Employee

Spouse of Insured Party

Approved Volunteer on Church Project

Dependent Child of Insured

Retired SDA Denominational Employee

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

## 2 TRAVEL INFORMATION — Please tick a Class (See attached sheets for explanation for 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 & Trip Interruption Limit:

**Yes**, I would like to purchase additional trip cancellation for an additional premium, as specified in 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 cheques 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 authorised below by a billable entity.

PRINT NAME AND TITLE:

CHEQUE NUMBER:

\$:

AUTHORISED SIGNATURE:

TITLE

DATE

day/month/year

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## 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)	\$18.88	\$44.43	\$77.68	\$109.74	Add \$1.84/per day
1–14 days (2 weeks)	\$26.81	\$72.88	\$127.50	\$180.07	Add \$1.84/per day
1–21 days (3 weeks)	\$32.62	\$88.51	\$154.77	\$218.59	Add \$1.84/per day
22 to 364 days**	\$1.08 (see calculation below)	\$2.45	\$3.39	\$4.49	Add \$1.84/per day

\* For insured parties over the age of 80, up to 85, the additional rate is \$1.84/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	\$1.08	9	\$32.62	\$42.34
Class 2	30 Days	\$2.45	9	\$88.51	\$110.56
Class 1 Enhanced	30 Days	\$3.39	9	\$154.77	\$185.28
Class 2 Enhanced	30 Days	\$4.49	9	\$218.59	\$262.69

## 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](mailto:sttservice@adventistrisk.org)

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## RATES — OPTIONAL PLANS

## ADDITIONAL TRIP CANCELLATION &amp; INTERRUPTION RATES:

Additional Limits Available	\$ 500 limit	\$1,000 limit	\$1,400 limit
Rate for each option	\$61.94	\$123.67	\$171.80

## 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 **FULL** premium must be received at the time of application otherwise your coverage will not be in effect.  
Please make cheques payable to Adventist Risk Management, Inc.

**Effective 1 January, 2024 | Policy # GLM N0651118**

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.

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

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

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STT rates effective: 01/01/2024–31/12/2024

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: 100% of the Usual and Customary  
Outpatient Co-insurance: 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: 90 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: \$25,000

**Trip Cancellation and Interruption Benefit**

Benefit Maximum: \$1,000 per Policy Term

**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

Spouse of Class 1 \$10,000 or \$100,000 for enhanced plan election  
Spouse of Class 2 \$25,000 or \$100,000 for enhanced plan election

Children of Class 1 \$25,000 or \$100,000 for enhanced plan election  
Children of Class 2 \$25,000 or \$100,000 for enhanced plan election

**Time Period for Loss:** 365 from the date of a Covered Accident

**Quarantine Benefit**

Benefit Maximum: \$1,000

**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, Iran, Libya, Russia and Ukraine. Coverage can be obtained to these Specific with up-front notification and additional premium paid. To request War Risk coverage while traveling to the Specific Countries, 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 covered under the policy. For more information you may consult the OFAC internet website at <https://home.treasury.gov/policy-issues/office-of-foreign-assets-control-sanctions-programs-and-information>.