Ċ
Adventist Risk Management,®Inc.

# 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

TELEFONE EMI:   NAMEES OF PARTICIPANTS — Each participant must be listed separately, beginning with the group leader. Please stach additional sheets as needed.   0 0 <th>1 GENERAL INFORMATION</th> <th></th> <th></th> <th></th>	1 GENERAL INFORMATION				
AURREST   TELEVONE   TABLEST OF PARTICIPANTS — Each participant must be leted separately, beginning with the group leader. Please attach additional sheets as needed.   Image: Comparison of the separately in the group leader. Please attach additional sheets as needed.   Image: Comparison of the separately in the separately. Dependent of the group leader. Please attach additional sheets as needed.   Image: Comparison of the separately in the separately. Dependent of the separately in the separately in the separately.   Image: Comparison of the separately in the separately. Dependent of the data please attach additional sheets as needed.   Image: Comparison of the separately in the separately. Comparison of the separately.   Image: Comparison of the separate lead on the separately. Comparison of the sector of the separately.   Image: Comparison of the sector	DIVISION:	UNION:	CONFERENCE:		
THEORE INTERCEPT    The provide of the production of the production of the ended payable to Advertists like Management, Inc. and mailed with this application to the above address.    The production of the production of the production of the ended payable to Advertists like Management, Inc. and mailed with this application to the above address.	CONTACT NAME:		CHURCH NAME:		
ARMES OF PARTICIPANTS — Each participant must be listed separately, beginning with the group leader. Please attach additional sheets as meded.           Image: State in the barbon of th	ADDRESS:				
Image: Specific Spe	TELEPHONE:		EMAIL:		
Image: A state of a st	NAMES OF PARTICIPANTS — Each participant	must be listed separately, beginning	with the group leader. Please attach addition	onal sheets as needed.	
Bit 07 01   Construction 07 0   The bit is built of the work of the operation bit is date you reach 85 (see reverse side for added rates.   DetErtavet_connects immedia   immedia DETERTAVEL INDIC   Detertavet_connects immedia   Explores Sporse of insured Party   Approved Volunteer on Church Project Dependent Child of Insured   Retired SDA Denominational Employee   Intertacts   In	01	05	09		
id id id id   TRAVEL INFORMATION — Reservice and extinations worldwide except to destinations in the United States and Casass 2 ENHANCED — Travel destinations worldwide except to destinations in the United States and Casass 2 ENHANCED — Travel destinations worldwide except to destinations in the United States and Casass 2 ENHANCED — Travel destinations worldwide except to destinations in the United States and Casass 2. Editional Trip Cancellation & Trip Interruption Desired — Stou 0 Limit — States and Casass 2. Editional Trip Cancellation & Interruption Desired — Stou 0 Limit — States and Casass. The Full premum must be received and the time of application otherwise your coverage will not be metaded premum must be received and the time of application otherwise your coverage will be activated be extended to the extended on the ending date shown above. INITIALS <p< td=""><td>02</td><td>06</td><td>10</td><td></td></p<>	02	06	10		
In the box if between 80–84 years old; coverage terminates on the date you reach 85 (see reverse side for added rates.   INTERNETCIONNERING   Internet int	03	07	11		
DETERMENT Determine   Determine Determine      DETERMENT Determine   Determine Determine      Determine Determine   Deter	04	08	12		
BETINATION     PIRPOSE OF TRIPPPOLICET NAME        PIRPOSE OF TRIPPPOLICET NAME        PIRPOSE OF TRIPPPOLICET NAME                 PIRPOSE OF TRIPPPOLICET NAME            PIRPOSE OF TRIPPPOLICE NAME        PIRPOSE OF TRIPPPOLICE NAME        PIRPOSE OF TRIPPPOLICE NAME        PIRPOSE OF TRIPPPOLICE NAME           PIRPOSE OF TRIPPPOLICE NAME           PIRPOSE OF TRIPPPOLICE NAME               PIRPOSE OF TRIPPPOLICE NAME <td>Tick this box if between 80-84 years old; coverage</td> <td>terminates on the date you reach 85</td> <td>(see reverse side for added rates.</td> <td></td>	Tick this box if between 80-84 years old; coverage	terminates on the date you reach 85	(see reverse side for added rates.		
DESTINUTION       PIREPOSE OF TRIPPROJECT MAKE         ELIGIBILITY STATUS       Please tick one:         Employee       Spouse of Insured Party       Approved Volunteer on Church Project       Dependent Child of Insured       Retired SDA Denominational Employee         Inuderstand that if during my trip 1 find that coverage dates need to be extended, 1 must apply       INITIALS       INITIALS         Inuderstand that if during my trip 1 find that coverage dates need to be extended, 1 must apply       INITIALS       INITIALS         Inderstand that if during my trip 1 find that coverage dates need to be extended, 1 must apply       INITIALS       INITIALS         Inderstand that if during my trip 1 find that coverage will be cancelled on the ending date shown above.       INITIALS       INITIALS         Inderstand that if during my trip 1 find that coverage will be cancelled on the ending date shown above.       INITIALS       INITIALS         Inderstand that if during my trip 1 find that coverage will be cancelled on the ending date shown above.       INITIALS       INITIALS         Inderstand that if during my trip 1 find that coverage will be cancelled on the ending date shown above.       INITIALS       INITIALS         Indext Intervention — Please tick a Class (See attached sheets for explanation for each Class and its rates).       INITIALS       INITIALS         Optional — Additional Trip Cancellation & Trip Interruption Limit:       Yes, I would like to purchase additional trip cancellation			DATE TRAVEL ENDS:		
Employee       Spouse of Insured Party       Approved Volunteer on Church Project       Dependent Child of Insured       Retired SDA Denominational Employee         Inderstand that if during my trip 1 find that coverage dates need to be extended, 1 must apply for an extension. Otherwise, coverage will be cancelled on the ending date shown above.       INITIALS         Imital S       Imital S       Imital S         Imital S       Imital S			PURPOSE OF TRIP/PROJECT NAME:	day/month/year	
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:	I understand that if during my trip I find that coverage dates need to be extended, I must apply				
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:       \$:	CLASS 1 AND CLASS 1 ENHANCED — Travel destinations worldwide except to destinations in the United States and Canada.				
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:       \$:	<b>Optional — Additional Trip Cancellation &amp; Trip Interruption Limit:</b> Yes, I would like to purchase additional trip cancellation for an additional premium, as specified in rate table attached (Page 2 of form).				
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:	Additional Trip Cancellation & Interrupti	on Desired: \$500.00 L	imit \$1,000.00 Limit	\$1,400.00 Limit	
		cheques are to be made payable to time of application otherwise your co	Adventist Risk Management, Inc. and ma verage will not be in effect. Invoicing is only	ailed with this application to the above address. v available as authorised below by a billable entity.	
	PRINT NAME AND TITLE:		CHEQUE NUMBER:	\$:	

# RATES—BASED ON DAYS OF TRAVEL

	CLASS 1	CLASS 2	CLASS 1 Enhanced	<b>CLASS 2 Enhanced</b>	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

# 5 RATES — OPTIONAL PLANS

### ADDITIONAL TRIP CANCELLATION & 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:**

The <b>FULL</b> premium must be received at the time of application otherwise your coverage will not be in effect.		
Total Due to ARM	=\$	(This is the amount to be sent along with your application)
Processing Fee (\$20.00 Per Application)	+\$	
II. Additional Trip Cancellation	+\$	
I. Base Travel Plan Premium	\$	

Please make cheques payable to Adventist Risk Management, Inc.

# GENERAL CONFERENCE OF SEVENTH-DAY ADVENTIST — SHORT TERM TRAVEL POLICY Effective 1 January, 2024 | 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.

### CLASS 1

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.

### CLASS 2

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

\*Dependants of Class(es) 1, 2 insured parties are eligible to purchase 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 Quarantine Benefit Trip Delay Benefit

### **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
SPOUSE OF CLASS 1	\$140,000 or \$500,000 for enhanced plan election
SPOUSE OF CLASS 2	\$280,000 or \$500,000 for enhanced plan election
CHILDREN OF CLASS 1	\$140,000 or \$500,000 for enhanced plan election
Children of 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 & 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
<b>Emergency Medical Evacuation Benefit</b> Benefit Maximum:	100% of the Covered Expenses
<b>Repatriation of Remains Benefit</b> Benefit Maximum:	100% of the Covered Expenses
<b>Emergency Reunion Benefit</b> Benefit Maximum: Airline Ticket Maximum: Daily Benefit Maximum: Maximum Number of Days:	\$5,000 \$2,000 \$500 10
Home Country Emergency Benefit Benefit Maximum: Deductible: Maximum Benefit Period:	Up to the Medical Expense Benefit Maximum \$0 per Covered Accident or Sickness 52 weeks

### 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: Class 2 and Dependents of Class 2:	\$1,500 \$3,000
Benefit Maximum per Item or Set of Items: Class 1 and Dependents of Class 1: Class 2 and Dependents of Class 2:	\$1,500 \$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 Class 2	\$10,000 or \$100,000 for enhanced plan election \$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.

### 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.