



# Out-of-Country Insurance Package Application

Policyholder: General Conference of the Seventh-day Adventists  
 Underwritten by ACE American Insurance Company, a Chubb Company  
 Global Benefits Group, and GENCON Insurance Company of Vermont

Adventist Risk Management, Inc.  
 12501 Old Columbia Pike, Silver Spring, MD 20904  
 Email: [ASV@adventistrisk.org](mailto:ASV@adventistrisk.org)

Adventist Risk Management, Inc.  
 119 St. Peters Street, St. Albans, Hertsfordshire AL1,  
 3EY, England  
 Email: [ASV@adventistrisk.org](mailto:ASV@adventistrisk.org)

## ▷ COMPLETE THE FOLLOWING: SPONSORING ORGANIZATION RESPONSIBLE FOR PAYMENT:

NEW APPLICATION	EARLY RETURN	EXTENSION	DIVISION, UNION, CONFERENCE OR ENTITY			
PLACE OF SERVICE			STREET ADDRESS			
CITY			COUNTRY			
DIVISION			UNION			
YOUR COUNTRY OF RESIDENCE			YOUR COUNTRY OF CITIZENSHIP			
PRIMARY OCCUPATION		EFFECTIVE DATE		EXPIRATION DATE		
			MM/DD/YY		MM/DD/YY	
DO YOU EXPECT TO TRAVEL ON BUSINESS WHILE THE PROVIDED COVERAGE IS IN FORCE?		YES	NO	IF YES, HOW MANY DAYS?	TYPE OF TRANSPORTATION	AUTO SHIP PLANE TRAIN
PILOT COVERAGE		YES	NO	An application must be made and accepted by the insurance company prior to the effective date		
IS SPOUSE A VOLUNTEER ALSO?		YES	NO	If Yes, complete separate application		
IS VOLUNTEER A MEDICAL PROFESSIONAL?		YES	NO	If Yes, list specialty:		

INSURED'S LAST NAME		INSURED'S FIRST NAME	DOB	MM/DD/YY		
DEPENDENT'S LAST NAME		DEPENDENT'S FIRST NAME	DOB	MM/DD/YY	SPOUSE COVERAGE	DEPENDENT CHILD(REN) COVERAGE

Optional Benefit: Trip Cancellation Benefit	Benefit Amount per Policy Term	Cost of Trip Cancellation & Trip Interruption Benefit
DECLINE	\$500	\$12.57 PER TRIP
	\$1,000	\$25.13 PER TRIP
	\$1,500	\$50.26 PER TRIP

▷ Approved by: \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Title of Division, Union or Authorized Entity Representative \_\_\_\_\_

**Classification of Eligible Persons:**

Class 1 Relief Doctors, Relief Workers, Pilots, Workers including Relief Missionaries, Student Missionaries and Adventist Volunteer Service Workers, Sustentation Volunteer Workers who are **servng outside the United States and who are approved by the Participating Organization.**

Class 2 All regular missionaries of the Participating Organization (not Classes 1 or 3) who are serving **outside of the United States.**

Class 3 All participants (not Classes 1 or 2) authorized by the Participating Organization for special short term trips.  
 Dependents of Class 1 and Class 3 are eligible for Coverage under this Policy.

**Covered Activities for Accident and Sickness Medical (A&S) - Underwritten by ACE American Insurance Company, a Chubb Company**

Policy Number: GLM N01060995

Classes 1 and 2 and Dependents of Class 1: Travel Coverage, Exposure & Disappearance

Class 3 and Dependents of Class 3: Specified Trip Coverage, Exposure & Disappearance

**Coverage: Accident and Sickness Medical\*** See separate summary of coverage

Benefits	Class 1	Class 2 Dependent Spouse & Child(ren)	Class 3	Dependent Spouse & Child(ren) of Class 1 and 3
Medical Expense Benefit	Covered	Covered	Covered	Covered
Emergency Reunion Benefit	Covered	Covered	Covered	Covered
Repatriation of Remains Benefit	Covered	Covered	Covered	Covered
Accidental Death & Dismemberment Benefit	Covered	n/a	Covered	Covered
Disability Benefit (Permanent Total Disability)	Covered	n/a	Covered	n/a
Owned, Leased, or Controlled Aircraft Benefit	Covered	n/a	Covered	Covered
Home Country Extension Benefit	Covered	Covered	Covered	Covered
War Risk Benefit	Covered	Covered	Covered	Covered
Trip Cancellation	Covered	Covered	Covered	Covered
Trip Interruption	Covered	Covered	Covered	Covered

\* Coverage not available in home country.

**Class 1**

Monthly Rate/Age	<40	40-49	50-59	60-64	65-69	70-79	80-100
<b>Medical Insured Only:*</b>	\$34.05	\$53.65	\$65.91	\$75.60	\$87.01	\$110.28	\$24.97
<b>Medical Insured + One Dependent:*</b>	\$72.77	\$91.67	\$107.83	\$135.07	\$172.84	\$197.35	\$38.82
<b>Medical Insured + Family:*</b>	\$79.24	\$141.58	\$145.12	\$168.95	\$206.70	\$231.21	\$72.62
<b>Life Insured:**</b>	\$1.38	\$1.38	\$1.38	\$1.38	NA	NA	NA
<b>Life Spouse:**</b>	\$0.69	\$0.69	\$0.69	\$0.69	NA	NA	NA
<b>PEB Insured Only:</b>	\$4.06	\$4.06	\$4.06	\$4.06	\$4.06	\$4.06	\$4.06

\*Medical Benefits end at age 80

\*\*Life Insurance ends at age 65

**Life Insurance**

Policy Holder: General Conference of the Seventh-day Adventists

Policy Number: LIS-6497

Underwritten by Global Benefits Group of GBG Insurance Limited

Class 1 Benefit: \$5,000 Insured \$2,500 Spouse \$0 Child

Annual Premium: \$16.50 \$8.25 n/a

**Personal Effects & Baggage**

Policy Holder: General Conference of the Seventh-day Adventists

Policy Number: PR102193-04

Underwritten by GICV

Benefit Limit: \$3,000

Annual Premium: \$48.70

**REFER TO THE SUMMARY OF BENEFITS FOR A DESCRIPTION OF THE IMPORTANT FEATURES OF THESE INSURANCE PLANS.**