



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 |
|----------|--------------------------------------|-------------------------------------|------------|

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) |

Short Term Travel (STT)
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) | \$19.26 | \$45.32 | \$79.24 | \$111.93 | Add \$1.88/per day |
| 1-14 days (2 weeks) | \$27.35 | \$74.34 | \$130.05 | \$183.68 | Add \$1.88/per day |
| 1-21 days (3 weeks) | \$33.27 | \$90.28 | \$157.86 | \$222.96 | Add \$1.88/per day |
| 22 to 364 days** | \$1.10 (see calculation below) | \$2.50 | \$3.46 | \$4.58 | Add \$1.88/per day |

* For insured parties over the age of 80, up to 85, the additional rate is \$1.88/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 | \$1.10 | 9 | \$33.27 | \$43.17 |
| Class 2 | 30 Days | \$2.50 | 9 | \$90.28 | \$112.78 |
| Class 1 Enhanced | 30 Days | \$3.46 | 9 | \$157.86 | \$189.00 |
| Class 2 Enhanced | 30 Days | \$4.58 | 9 | \$222.96 | \$264.18 |

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

Short Term Travel (STT)
Summary of Coverage and Application

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 | \$61.94 | \$123.67 | \$171.80 |

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.

Short Term Travel (STT)
Summary of Coverage and Application

General Conference of Seventh-day Adventist—Short Term Travel Policy
Effective 1 January, 2025 | 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

Short Term Travel (STT)
Summary of Coverage and Application

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

Short Term Travel (STT)
Summary of Coverage and Application

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 days from the date of the Covered Accident or Sickness |

Personal Property Benefit

| | |
|---------------------|------|
| Deductible per Trip | \$25 |
|---------------------|------|

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 |
|-----------------|----------|

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 |

| | |
|-----------------------------|---|
| 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.

Short Term Travel (STT) Summary of Coverage and Application

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. Coverage can be obtained to these Specific Countries with up-front notification and additional premium paid. 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 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>.