

Volunteer Missionary Travel Insurance[®]

<u>Benefit</u>	<u>Limit</u>	<u>Comments</u>
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or age 70 and over
Medical Expenses \$100 deductible	\$10,000	Primary coverage; \$2,500 of this limit is available to pay US providers; no pre-existing condition exclusion
Disability Income Benefit (no benefit if under age 12 or 70 and over)	\$1,000 / mo \$ 500 / mo \$ 250 / mo	First 100 Months – Accident Months 101-200 – Accident 50 Months – Sickness (after 3 month waiting period)
Assistance Service	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist™
Emergency Medical Evacuation	\$100,000	Coordinated by Specialty Assist™; will bring insured back to USA; no pre-existing condition exclusions
Crisis Management Service	Included	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24
Security Evacuation *	\$100,000	Coordinated by red24; for evacuation due to natural disasters, civil unrest, crime, kidnap/hostage situations
Family Coordination & Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation
Personal Property \$100 deductible	\$2,500	“Door to door”, replacement cost coverage; includes checked baggage; higher limits available upon request
General Liability	\$1,000,000	Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization

Rate **\$3.30 per person per day**

* The cost of a security evacuation is only insured up to \$1,000 in countries and regions deemed Extreme Risk by red24, unless the volunteer is already in the country and insured by this plan when the country or region is elevated to Extreme Risk status. If you are traveling to an area that may be subject to this limitation, please contact us.

This brief summary is not an insurance policy; rather, it outlines some of the features of this coverage. For specific details, please contact our office or consult the Master Policy. This is not a major medical policy. Major Medical Coverage is available for individuals and groups on Short-Term and Long-Term international assignments. An Aggregate Limit of \$20,000,000 applies to the above benefits. This limit provides the full \$100,000 AD&D benefit for up to 200 persons in a common accident.

To secure coverage, complete the enrollment form and return this along with your check for the participation fee made payable to: Gallagher Charitable International Insurance Services. In computing the number of days, count the departure day as well as the day of return. If the entire group is not traveling on the same dates, please attach a separate sheet grouping the volunteers by their travel dates.

PO Box 5845 • Columbia, SC 29250
Tel: (803) 758-1400 • (800) 922-8438 • Fax: (803) 252-1988
aai@ajg.com • www.aaintl.com

Volunteer Missionary Travel Insurance®

Enrollment

Please make photocopies of this form for use on future mission trips.

Check One:

Group Leader Travel Agent Individual

Please Print

Name:			
Signature:		Date:	
Address:			
City:		State:	Zip:
Phone:	Fax:		E-Mail:
Sponsoring Organization or Other Group:		Federal Tax ID #:	
Job or Project Number (assigned by sponsoring organization):			
Master Policy Number:	PUSNA1100947 – Specialty Assist # 7423	Full program w/ Crisis Mgt & Liability	
Destination:	City:	Country:	
Expected Date of Departure from Home:			
Expected Date of Arrival Back Home:			

Please note this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

Please indicate your payment method: [] Check [] Credit Card [] Other

Participation Computation

Note: We reserve the right to apply a 3% handling fee to some transactions.

_____	X	_____	=	_____	X	3.30	=	_____
Number of Persons		Number of Days		Person/Days				Premium

Participants Traveling – if additional space is needed, please attach your list of team members. If different travel dates, please note so the proper fee can be calculated. [Passport numbers are now required.](#)

Name (Required)	Date of Birth (Required)	Passport Number	Beneficiary (or Estate of insured)
1.			
2.			
3.			
4.			

Note: The coverages & services are being provided by certain underwriters with Lloyds (of London). By requesting that our office enroll you or your group, you are agreeing to participate in a Trust designed to provide these insurance benefits and services. A copy of the Trust Participation Agreement will be provided upon request.

Mail or Fax to:



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 E-mail: aai@ajg.com • Web: www.aaintl.com
 International Helpers (Guernsey) Trust

Participation Agreement Applicable to Volunteer Travel

For Policy Number As Applicable

THIS AGREEMENT made and entered into as of the ____ day of _____, 20__, by and between AON Services (Guernsey) Limited, Trustee and _____ (Name of Participating Individual or Group).

RECITALS

- (A) AON Services (Guernsey) Limited has been appointed and is acting as the trustee under a Declaration of Trust dated (7th June, 2006), titled the International Helpers (Guernsey) Trust (the "Declaration of Trust") and made by AON Services (Guernsey) Limited of Maison Trinity, Trinity Square, St Peter Port, Guernsey (hereinafter, with any other trustee or trustees serving under the Declaration of Trust, referred to as the "Trustee"). The purpose of the Declaration of Trust is to afford group insurance benefits to qualifying persons, members, customers or employees of certain organisations.
- (B) _____ (Insert Name of Participating Individual or Group) (hereinafter, with any successor or successors thereto, referred to as the "Participant") desires to afford to qualifying insureds group insurance benefits of the sort available under the applicable Sub Funds as stated in the Declaration of Trust.

NOW, THEREFORE in consideration of the mutual promises herein contained, the Trustee and the Participant hereby agree as follows:

1. Subject to the approval of the insurance company or companies providing the group insurance pursuant to which insurance benefits shall be provided (the "Insurance Policies") for any insureds of the Participant, the Trustee agrees to permit the Participant to become a Participant under the Declaration of Trust.
2. The Participant agrees to be bound by:
 - 2.1 the provisions of the Declaration of Trust, and
 - 2.2 each and every provision of the Insurance Policies (and all riders and amendments thereto).The definitions contained in the Declaration of Trust shall apply in the construction and interpretation of this Participation Agreement.
3. In particular, but without prejudice to the generality of the foregoing, the Participant agrees promptly to furnish to the Trustee and the insurance company or, if requested by the Administrator under the Declaration of Trust to do so, to the Administrator, all records and other information required by the insurance company to administer properly the Insurance Policies and to permit the Trustee, the insurance company and/or the Administrator, whenever and as often as the Trustee, the insurance company and/or the Administrator may reasonably require, to inspect the records of the Participant bearing on the Insurance Policies.
4. The Participant hereby appoints the Administrator (if any) acting under the Declaration of Trust to represent the Participant in all dealings with the Trustee having to do with the trust fund, including, by way of example and not of limitation of the foregoing, such matters as instructions to the Trustee, the resignation or dismissal of the Trustee and the appointment of a successor or successors, amendment of the Agreement of Trust, the fixing and adjustment of the Trustee's fee and all other matters pertaining to the construction of the Agreement of Trust, its effect and the administration of the trust fund.
5. In the event that the Participant shall withdraw as a Participant under the Declaration of Trust in accordance with the provisions thereof, the Participant agrees that it shall relinquish any and all claims the Participant may have on the date on which such withdrawal becomes effective, or which thereafter may accrue, to any portion of the trust fund.
6. The Trustee shall make available at its principal place of business and during normal business hours, upon reasonable notice to the Participant or any one or more of the qualifying persons, members, customers or employees of the Participant an executed duplicate of the Declaration of Trust and all amendments thereto which shall at the time be in force and effect.
7. The Participant shall pay, when due, the cost of all group insurance applicable to the Participant's qualifying persons, members, customers or employees by means of a cheque or cheques payable to the Trustee or its nominee. Payment in any other manner shall be at the risk of the Participant.
8. The Participant agrees and warrants that no solicitations have been made to it to enter into this Participation Agreement and that its participation under the terms of the Declaration of Trust and Insurance Policies is voluntary.

IN WITNESS WHEREOF on the day and year first above written, the parties hereto have caused these presents to be executed by their respective officers duly authorised.

Accepted on behalf of Trustee:

Trustee: AON Services (Guernsey) Limited

BY: _____
Its: Director

Accepted on behalf of Participant: _____

BY: _____
Its: _____