Return this form to:

Adventist Risk Management, Inc.

Attn: Rochelle Wright – Field Services
12501 Old Columbia Pike, Silver Spring, MD 20904
Ofc.(301) 680-6839 Fax (301) 680-6840
E-mail : sttservice@adventistrisk.org

Attn : Marlo Zeroth – Field Services
11291 Pierce Street, Riverside, CA 92515
Ofc.(951) 353-6837 Fax (951) 353-6848
E-mail : sttservice@adventistrisk.org

Field Services
119 st. Peters Street, St. Albans, Hertsfordshire
AL1, 3EY, England
Ofc. 441-727-865773 Fax 441-727-864578
E-mail : sttservice@adventistrisk.org

AIU SHORT TERM TRAVEL APPLICATION

DIVISION _____ **UNION** _____ **CONFERENCE** _____

Church Name: _____ Contact Name: _____
Telephone No.: _____ E-mail Address: _____
Address: _____

NAME (each participant must be listed separately beginning with Group Leader. Please attach additional sheets as needed).

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

AGE ☐ **Check box if between 80 – 84 years old. See reverse side for added rates**

DESTINATION _____ **PROJECT NAME** _____

Employment Status (Please check): ☐ Employee ☐ Retiree ☐ **Other:** _____

DATE TRAVEL COMMENCES: Month _____ Day _____ Year _____

DATE TRAVEL ENDS: Month _____ Day _____ Year _____

IF DURING YOUR TRIP YOU FIND THAT COVERAGE DATES NEED TO BE EXTENDED, YOU MUST APPLY FOR AN EXTENSION. OTHERWISE, COVERAGE WILL BE CANCELED ON THE ENDING DATE SHOWN ABOVE. INITIALS _____

TRAVEL INFORMATION: Choose a Plan

___ **Plan A** – Travel does not include destinations in the USA/Canada

___ **Plan B** – For travel to the USA/Canada only (Plan not available for USA/Canada residents in home country)

ADDITIONAL TRIP CANCELLATION LIMITS (if preferred) **$500___** **$1,000___** **$1,400___**

METHOD OF PAYMENT: Check # _____ $_____ Money Order #_____ $_____

Portion belonging to: STT $ _____ Volunteer Labor $ _____

All checks are to be made payable to Adventist Risk Management, Inc. and mailed with this application to the above address otherwise, coverage will not be effective. Invoicing is only available as authorized by a billable entity.

_____ _____ _____
Authorized Signature **Title** **Date**

BENEFICIARY INFORMATION

Primary Beneficiary : _____ **Relationship** _____

Contingent Beneficiary: _____ **Relationship** _____

Insured's Signature : _____ **Date:** _____

Gencon Insurance Services, Inc.
Underwritten by: AIU

STT rates effective: 11/1/2006 to 6/1/2007

SHORT TERM TRAVEL – POLICY SUMMARY
AIU #9017429

This coverage is for anyone on official business of and/or sponsored travel by the Seventh-day Adventist Church. It covers travel worldwide and includes coverage for limited vacation travel when combined with a business or sponsored activity. This coverage is provided for individuals outside of their home country. THIS POLICY DOES NOT PROVIDE BENEFITS FOR LOSS OCCURRING WITHIN THE INSURED PERSONS COUNTRY OF RESIDENCE FOR WHICH BENEFITS ARE PAYABLE UNDER ANY PRIVATE, STATE OR GOVERNMENT INSURANCE PLAN**.**

NOTE: This policy is for travel coverage and is not meant to insure high risk, physical hazards such as: construction work, organized competitive sports, mountain climbing, hang gliding, etc. **For adequate construction coverage, please request our Volunteer Labor policy to be added to this package.**

ACCIDENTAL DEATH & DISMEMBERMENT: PLAN A LIMIT $5,000 PLAN B LIMIT - $10,000

This pays compensation for death, dismemberment, and loss of sight, speech, hearing and severance or loss of use of any limb occurring within 180 days of the accident.

ASSISTANCE SERVICE:

The company will provide assistance to the eligible person to obtain the following services: 1) Medical Assistance, 2) Medical Evacuation, 3) Repatriation, 4) Legal Assistance and 5) Lost Luggage & Passport.

BASIC MEDICAL: PLAN A LIMIT $140,000* PLAN B LIMIT - $280,000*

The following expenses will be paid if incurred as a result of accident or illness:

1. Hospital Charges
2. Charges made for diagnosis, treatment and surgery by a physician
3. Anesthetic charges
4. Medications, prescriptions, x-rays and lab tests and services
5. Physiotherapy (if recommended by physician)
6. Hotel expenses if hospital room is unavailable
7. Ambulance service charges
8. Additional expenses incurred for medical care during travel and for additional airfare charges for changes in schedule or original return ticket.

NOTE: **This coverage excludes pre-existing medical illness or conditions.**

PERSONAL EFFECTS/BAGGAGE: $1,500* $3,000*

This covers loss or damage to baggage and personal effects. Money, securities and travel documents are limited to $250. Benefit is limited to 10% of loss if from a closed vehicle.

NOTE: **A police report is required for loss caused by theft**.

EMERGENCY EVACUATION / REPATRIATION: PLAN A LIMIT $25,000/$10,000 PLAN B LIMIT $25,000/$10,000

Evacuation – Covers expenses, up to limit stated above, of transporting the insured to the nearest acceptable hospital at the recommendation of a physician and for the cost of transporting the insured to this county/place of residence for further treatment of recovery.

Repatriation – Covers expenses, up to limit stated above, of transporting the deceased to his/her place of residence and miscellaneous funeral expenses.

TRIP CANCELLATION: PLAN A LIMIT $800 PLAN B LIMIT - $800

This coverage pays for expenses caused by a cancellation in the insured's trip if caused by death, illness or accidental bodily injury (which occurs after this coverage is in place) to the insured or any immediate family member. Extra limits are available for an additional premium.

***A deductible of $15 per person/occurrence will apply on all Medical Expenses and $25 on all Personal Effects/Baggage Losses.**

PLAN A Rates	PLAN B Rates	Ages 80-84**
Travel Excluding USA/CANADA	Travel Including USA/CANADA	Plans A & B
1 to 7 days (1 week) $5.40	1 to 7 days (1 week) $19.05	Add $.80/per day
1 to 14 days (2 weeks) $7.65	1 to 14 days (2 weeks) $31.25	Add $.80/per day
1 to 21 days (3 weeks) $9.20	1 to 21 days (3 weeks) $37.95	Add $.80/per day
22 to 180 days (.26 x (# of days - 21) + 9.20***	22 to 180 days (.98 x # of days - 21) + 37.95***	Add $.80/per day

** Coverage is not available for those age 85 and above. Ages 80-84 please add an additional $.80/per day to your base rate.
For example: If traveling for 6 days using Plan A, amount due is $10.20 ($5.40 + (6*$.80))

***TWENTY TWO (22 PLUS DAYS ARE CALCULATED BASED ON .26 [PLAN A] OR .98 [PLAN B] PER DAY PLUS THE BASE RATE FOR TWENTY ONE (21) DAYS.
CALCULATION – PLAN A – COST FOR 30 DAYS: (.26 X (9 DAYS OVER 21))+ 9.20= COST $11.54
PLAN B – COST FOR 30 DAYS: (.98 X (9 DAYS OVER 21))+ 37.95= COST $46.77

ADDITIONAL TRIP CANCELLATION

$ 500 limit	$26.15	$1,000 limit	$52.15	$1,400 limit	$72.90

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