



Return this form to:
Adventist Risk Management, Inc.

Attn: Field Services Attn: Field Services
 119 St. Peters Street 12501 Old Columbia Pike,
 St. Albans, Hertfordshire, Silver Spring, MD 20904
 AL 1, 3EY, England

INTERNATIONAL CAMPERS APPLICATION

DIVISION

UNION

CONFERENCE

Church Name: _____ Club Name: _____

Contact Name: _____ Telephone No.: _____

Church Address: _____

Location: _____ E-Mail _____

Departure Date: _____ **Return Date:** _____

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

- | | | |
|----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ |
| 2. _____ | 7. _____ | 12. _____ |
| 3. _____ | 8. _____ | 13. _____ |
| 4. _____ | 9. _____ | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

Eligibility – All active members, leaders and committeemen of the Unit of the Policyholder.

Coverage – While participating in or attendance at any regularly approved unit activity as a group, under the supervision of the duly designated unit leader, or:

While traveling directly to and from such regularly scheduled and approved group activity with other members of the unit as group provided such group is at the time under the supervision of the proper authority of the unit, or;

While traveling directly to and from the insured Members residence and meeting place for the purpose of participating in such regularly scheduled unit activity.

 **Select Coverage Option For Group Above:** **Option I** **Option II**

Benefits/Limits	Option I	Option II – New!
Accidental Death & Dismemberment:	\$2,000	\$5,000
Accident Medical Expense	\$2,000 primary	\$3,000 primary
Accident Dental	\$250 per tooth, up to \$500	\$250 per tooth, up to \$500
Dread Disease	\$2,000	\$3,000
Other Sickness	\$500	\$500
Aggregated Limit of Indemnity per Accident	\$250,000	\$250,000
1 – 8 days	Rate - \$0.52 per camper	Rate - \$0.63 per camper
9 – 10 days	Rate - \$0.71 per camper	Rate - \$0.90 per camper
10 – 20 days	Rate - \$0.95 per camper	Rate - \$1.13 per camper
20 – 30 days	Rate - \$1.56 per camper	Rate - \$1.88 per camper
60 – 90 days	Rate - \$3.02 per camper	Rate - \$3.52 per camper

***As listed in the policy**

International Campers Insurance

Summary of Coverage

Group Policyholder:
General Conference of Seventh-day Adventist and its affiliates

Policy Number: 9017494

Policy Term: February 14, 2009 – February 14, 2010

Administered by:



ADVENTIST RISK MANAGEMENT, INC.
Providing Solutions to Minimize Risks

Gencon Insurance Services

Underwritten by:

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

SCHEDULE OF BENEFITS AND PREMIUMS

ELIGIBILITY & COVERAGE:

Class I: All Individuals who are participating in the Camp Program of the Participating Organization, whose names are on file with the Participating Organization and for whom the appropriate premium has been paid and who have chosen **Option I**.

Coverage: While on Camp premises or participating in camp activity. Miscellaneous Special Group Activities sponsored by the Policyholder. Direct Travel to and from the Camp.

Class II: All Individuals who are participating in the Camp Program of the Participating Organization, whose names are on file with the Participating Organization and for whom the appropriate premium has been paid and who have chosen **Option II**.

Coverage: While on Camp premises or participating in camp activity. Miscellaneous Special Group Activities sponsored by the Policyholder. Direct Travel to and from the Camp.

ACCIDENTAL DEATH AND DISMEMBERMENT:

Option I

Principal Sum: \$2,000.

Loss of Life	Principal Sum
Loss of Both Hands or Feet or Sight of Both Eyes	Principal Sum
Loss of One Hand and One Foot.....	Principal Sum
Loss of Either Hand or Foot and Sight of One Eye	Principal Sum
Loss of Either Hand or Foot.....	One-Half the Principal Sum
Loss of Sight of One Eye.....	One-Half the Principal Sum

Loss means with regard to hand or foot, actual severance through or above the wrist or ankle joint, and with regard to eye, entire and irrecoverable loss of sight.

Only one benefit, the largest to which you are entitled, will be paid for losses resulting from the same accident.

AGGREGATE LIMIT OF LIABILITY: \$ 250,000. per accident

ACCIDENTAL DEATH AND DISMEMBERMENT:

Option II

Principal Sum: \$5,000.

Loss of Life	Principal Sum
Loss of Both Hands or Feet or Sight of Both Eyes	Principal Sum
Loss of One Hand and One Foot.....	Principal Sum
Loss of Either Hand or Foot and Sight of One Eye	Principal Sum
Loss of Either Hand or Foot.....	One-Half the Principal Sum
Loss of Sight of One Eye.....	One-Half the Principal Sum

Loss means with regard to hand or foot, actual severance through or above the wrist or ankle joint, and with regard to eye, entire and irrecoverable loss of sight.

Only one benefit, the largest to which you are entitled, will be paid for losses resulting from the same accident.

AGGREGATE LIMIT OF LIABILITY: \$ 250,000. per accident

MEDICAL EXPENSE BENEFITS:

Option I

- \$2,000.** for each Accident
- \$2,000.** for each of the following Dread Disease – Polio Leukemia, Typhoid, Rabies, Tetanus, Encephalitis, Tularemia, Scarlet Fever, Diphtheria, and Spinal Meningitis.
- \$500.** for each other Sickness.

Benefit Period: 26 weeks

Coverage Type: Primary

MEDICAL EXPENSE BENEFITS:

Option II

- \$3,000.** for each Accident
- \$3,000.** for each of the following Dread Disease – Polio Leukemia, Typhoid, Rabies, Tetanus, Encephalitis, Tularemia, Scarlet Fever, Diphtheria, and Spinal Meningitis.
- \$500.** for each other Sickness.

Benefit Period: 26 weeks

Coverage Type: Primary

SCHEDULE OF BENEFITS AND PREMIUMS (continued)

TERM OF COVERAGE:

Effective Date: February 14, 2009

Expiration Date: February 14, 2010

PREMIUM:

Option I

\$.52 per camper per week or a fraction thereof (1 to 8 days)

\$.71 per camper for 9 to 10 days

\$.95 per camper for 10 to 20 days

\$1.56 per camper for 20 to 30 days

\$3.02 per camper for 60 to 90 days (maximum of 90 days)

PREMIUM:

Option II

\$.63 per camper per week or a fraction thereof (1 to 8 days)

\$.90 per camper for 9 to 10 days

\$1.13 per camper for 10 to 20 days

\$1.88 per camper for 20 to 30 days

\$3.52 per camper for 60 to 90 days (maximum of 90 days)

Summary continues on next page...

EXCLUSIONS

The Plan does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. suicide or any attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Part B of Section II, Definition of Injury and Scope of Coverage;
3. declared or undeclared war or any act thereof;
4. service in the military, naval or air service of any country.

No benefits shall be payable for **medical expenses** provided by this Plan with respect to expenses incurred.

- (1) Pre-existing conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed prior to the effective date of this insurance;
- (2) For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
- (3) For suicide or any attempt thereof while sane or self destruction or any attempt thereof while insane.
- (4) Declared or undeclared war or any act thereof;
- (5) For injury sustained while participating in professional athletics;
- (6) For pregnancy, childbirth, miscarriage or abortion;
- (7) For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
- (8) For cosmetic or plastic surgery, except as the result of an accident;
- (9) For elective surgery which can be postponed until the Insured returns to his/her country of residence;
- (10) For any mental and nervous disorders or rest cures;
- (11) For dental care, except as the result of injury to natural teeth caused by accident;

EXCLUSIONS (continued)

- (12) For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
- (13) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
- (14) For congenital anomalies and conditions arising out of or resulting there from;
- (15) For expenses which are non medical in nature;
- (16) For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
- (17) For expenses as a result or in connection with intentionally self-inflicted injury;
- (18) For expenses as a result of or in connection with the commission of a felony offense;
- (19) For Specific named hazards: motorcycle driving, sky diving, professional or amateur racing and piloting an aircraft
- (20) Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

NOTE: This is only a brief description of the benefits of this Plan and does not cover all the terms, conditions and limitations. The Policy shall provide the only basis for coverage and claim. If there is any conflict between the quote and the Policy, the Policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms of the Policy as issued.