



## **Insurance for Individual and Group Activities** FOR USE BY THE OFFICE OF VOLUNTEER MINISTRIES

# **Task Force/1-year Missionary Application**

### **Miscellaneous Accident Policy**

If you are a Task Force/1-year Missionary

### **Short Term Travel Policy**

If you are traveling away from your home country

### **Volunteer Labor Coverage**

If you are performing volunteer labor or limited construction services

For additional forms, visit [www.adventistrisk.org/downloads/personalriskforms.html](http://www.adventistrisk.org/downloads/personalriskforms.html)

All checks are to be made payable to Adventist Risk Management Inc. and mailed with appropriate application to:

Adventist Risk Management Inc.  
ATTN: Field Services  
3982 Memorial Drive  
P.O. Box 1147  
Decatur, GA 30031  
404-299-1832 x772  
404-501-9771 (fax)

Adventist Risk Management Inc.  
ATTN: Field Services  
12501 Old Columbia Pike  
Silver Spring, MD 20904  
301-680-6839  
301-680-6840 (fax)

Adventist Risk Management Inc.  
ATTN: Field Services  
P.O. Box 8007  
Riverside, CA 9251  
5 951-353-6837  
951-353-6848 (fax)



Insurance Services, Inc.  
Underwritten by AIU

PLEASE COMPLETE:

**Conference** \_\_\_\_\_

Church Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name (List each participant separately beginning with Group Leader. Please attach additional sheets as needed).

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

Check one

- If your group is planning a domestic activity, in the USA, check this box and complete Miscellaneous Accident benefit option 1-2
- If you are a Task Force/1-year Missionary, check this box and complete Miscellaneous Accident benefit option 3-6
- If you are traveling away from your home country, check this box and complete Short Term Travel
- If you are performing volunteer labor or limited construction services, check this box and complete Volunteer Labor Coverage

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For more details about coverage limits and exclusions, a policy summary and/or the policy is available upon request from the policyholder. This application is valid for activities through May 31, 2008.

Please do not combine requests for Short Term Travel and Miscellaneous Accident. Please use separate applications.

## Miscellaneous Accident

NAD – TASK FORCE/1-YEAR MISSIONARY

Eligible Group	Cost of Program Per Member	Group #(ARM Use)
Check one		
<input type="checkbox"/> <b>1. Misc. Trips &amp; Short-Term Activities*</b>	\$.48/day	#6
<input type="checkbox"/> <b>2. On &amp; Off Premises Activities*</b>	\$1.07/day	#9
<input type="checkbox"/> <b>3. Task Force/1-year Missionary</b>	\$2.46/ day	#11ai
ME Accident     \$25,000		
ME Sickness     \$10,000		
A&DD             \$10,000		
<input type="checkbox"/> <b>4. Task Force/1-year Missionary</b>	\$3.30/ day	#11aii
ME Accident     \$25,000		
ME Sickness     \$25,000		
AD&D             \$10,000		
<input type="checkbox"/> <b>5. Task Force/1-year Missionary</b>	\$2.82/ day	#11bi
ME Accident     \$25,000		
ME Sickness     \$10,000		
AD&D             \$50,000		
<input type="checkbox"/> <b>6. Task Force/1-year Missionary</b>	\$3.66/ day	#11bii
ME Accident     \$25,000		
ME Sickness     \$25,000		
AD&D             \$50,000		

_____		_____	
Beginning date		Ending date	
_____	X	_____	X
Number of days		Number of enrolled members	
		_____	= \$ _____
		Cost of program checked	<b>TOTAL PREMIUM DUE</b>

\*\$25.00 Minimum premium required; \$100 Minimum premium required for other groups. (100% member enrollment in covered group as of effective date of coverage must be insured)

For traditional Individual Health Insurance with higher limits, visit [www.adventistrisk.org/employeebenefits/individualhealth-ins.html](http://www.adventistrisk.org/employeebenefits/individualhealth-ins.html) Applications are subject to underwriting and availability in your state.



