

Out-of-Country Insurance Package Application

Policyholder: General Conference of the Seventh-day Adventists Underwritten by ACE American Insurance Company, a Chubb Company Global Benefits Group, and GENCON Insurance Company of Vermont

Adventist Risk Management, Inc.Adventist12501 Old Columbia Pike, Silver Spring, MD 20904119 St. Peters Street, St. AlbaEmail: ASV@adventistrisk.org119 St. Peters Street, St. Alba

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COMPLETE THE FOLLOWING: SPONSORING ORGANIZATION RESPONSIBLE FOR PAYMENT:

NEW APPLICATION EA	ARLY RETURN	EXTENSION	DIVISION, UN	ION, CONFERENCE OR ENTITY						
PLACE OF SERVICE				STREET ADDRESS						
CITY				COUNTRY						
DIVISION				UNION						
YOUR COUNTRY OF RESIDENCE				YOUR COUNTRY OF CITIZENSH	IIP					
PRIMARY OCCUPATION			EFFECTIVE DATE			EXPIRATION DA	TE			
				MM/DD/YY				MM/DD/YY		
DO YOU EXPECT TO TRAVEL ON BUSINESS WH	ILE THE PROVIDED COV	VERAGE IS IN FORCE?	YES NO	IF YES, HOW MANY DAYS?	TYPE OF T	RANSPORTATION	AUTO	SHIP	PLANE	TRAIN
PILOT COVERAGE	YES NO	An applica	tion must be n	nade and accepted b	by the insurar	nce compar	ny prior to the	effective	date	
IS SPOUSE A VOLUNTEER ALSO?	YES NO	lf Yes, comp	olete separate	application						
IS VOLUNTEER A MEDICAL PROFESSIONAL?	YES NO	0 If Yes, list sp	ecialty:							
INSURED'S LAST NAME		INSURED'	S FIRST NAME		DOB	MM/DD/YY				
DEPENDENT'S LAST NAME		DEPENDE	NT'S FIRST NAME		DOB	MM/DD/YY	SPOUSE COVERAGE	DEPENDENT	CHILD(REN) C	OVERAGE
Optional Benefit: Trip Cano	cellation Bene	fit Benefit	: Amount per F	Policy Term		rip Cancella cerruption E				
DECLINE		\$500			\$14.33 PER TRIP					
			\$1,000			\$28.65 PER TRIP				
			\$1,500			\$50.30 PER TRIP				
Approved by:										
Litle of Divisi	on, Union or A	Authorized En	itity Represent	ative	Signature			Date	e Signed	

Classification of Eligible Persons:

Class 1 Relief Doctors, Relief Workers, Pilots, Workers including Relief Missionaries, Student Missionaries and Adventist Volunteer Service Workers,

Sustentation Volunteer Workers who are serving outside the United States and who are approved by the Participating Organization.

Class 2 All regular missionaries of the Participating Organization (not Classes 1 or 3) who are serving **outside of the United States.**

Covered Activities for Accident and Sickness Medical (A&S) - Underwritten by ACE American Insurance Company, a Chubb Company

Policy Number: GLM N01060995

Classes 1 and 2 and Dependents of Class 1: Travel Coverage, Exposure & Disappearance

Coverage: Accident and Sickness Medical*

See separate summary of coverage

Benefits	Class 1	Class 2 Dependent Spouse & Child(ren)	Dependent Spouse & Child(ren) of Class 1	
Medical Expense Benefit	Covered	Covered	Covered	
Emergency Reunion Benefit	Covered	Covered	Covered	
Repatriation of Remains Benefit	Covered	Covered	Covered	
Accidental Death & Dismemberment Benefit	Covered	n/a	Covered	
Disability Benefit (Permanent Total Disability)	Covered	n/a	n/a	
Owned, Leased, or Controlled Aircraft Benefit	Covered	n/a	Covered	
Home Country Extension Benefit	Covered	Covered	Covered	
War Risk Benefit	Covered	Covered	Covered	
Trip Cancellation	Covered	Covered	Covered	
Trip Interruption	Covered	Covered	Covered	

* Coverage not available in home country.

Class 1

Monthly Rate/Age	<40	40–49	50–59	60–64	65–69	70–79	80–100
Medical Insured Only:*	\$38.81	\$61.16	\$75.13	\$86.18	\$99.19	\$125.72	\$28.46
Medical Insured + One Dependent:*	\$82.96	\$104.51	\$122.92	\$153.98	\$197.04	\$224.98	\$44.25
Medical Insured + Family:*	\$90.33	\$161.40	\$165.43	\$192.61	\$235.64	\$263.58	\$82.79
Life Insured:**	\$1.30	\$1.30	\$1.30	\$1.30	NA	NA	NA
Life Spouse:**	\$0.65	\$0.65	\$0.65	\$0.65	NA	NA	NA
PEB Insured Only:	\$4.06	\$4.06	\$4.06	\$4.06	\$4.06	\$4.06	\$4.06

*Medical Benefits end at age 80

**Life Insurance ends at age 65

Life Insurance				Personal Effects & Baggage		
Policy Holder: General C	onference of the Se	eventh-day Adventist	Policy Holder: General Conference of the Seventh-day Adventists			
Policy Number: LIS-649	97		Policy Number: PR102193			
Underwritten by Global E	Benefits Group of Gl	3G Insurance Limited	ł	Underwritten by GICV		
Class 1 Benefit: \$5,	000 Insured	\$2,500 Spouse	\$0 Child	Benefit Limit: \$3,000		
Annual Premium: \$15	5.65	\$7.82	n/a	Annual Premium: \$48.70		