

Volunteer Missionary Travel Insurance®

Information for Missionaries and Project Leaders

Please give this your attention as you consider the needs of those volunteers who make a commitment to help in your field of service.

Many missionary sending organizations have been struggling with the need to have a valid **TRAVEL INSURANCE PROGRAM** for the volunteers going out from individual churches to the field.

Large numbers of persons are now volunteering from one to four weeks to engage in relief work, evangelism, VBS, construction, medical, and other tasks. The number of serious accidents being experienced present some real concerns.

The travel insurance issued by a travel agent on a ticket does not cover the volunteer while engaged in work on the field.

When a period of disability occurs as a result of someone falling off a roof, or experiencing a sports or automobile accident, the missionary -- and often the volunteer's church -- cannot afford to help the person financially over a period of disability.

Some mission sending organizations suggest that all volunteers take out the **VOLUNTEER MISSIONARY TRAVEL INSURANCE** that includes disability coverage. This gives peace of mind to the missionary, the mission sending organization, and the volunteer.

In most cases there is only a small additional cost, and in some situations there is greater coverage for less cost.

Those who have had the coverage and benefited at a time of crisis typically recommend it to others.

Individuals and groups can enroll in the program by using the attached sheet -- or by contacting:

Adams & Associates®
I N T E R N A T I O N A L
PO Box 5845
Columbia, SC 29250-5845
Tel: (803) 758- 1400 • 1-800-922-8438 • Fax: (803) 252-1988
e-mail: aai@aaintl.com • web: www.aaintl.com

Volunteer Missionary Travel Insurance®

Due to numerous inquiries we have had from our clients, Adams & Associates International has developed a package of insurance benefits specifically designed for Volunteers.

Summary of Coverages

Accidental Death & Dismemberment	\$100,000.00/Person
Disability Income Benefit for Permanent Total Disability	
For Accident 100 Month Benefit.....	\$1,000.00/Month
For Sickness 50 Month Benefit	
3 Month Waiting Period.....	\$250.00/Month
Medical Expense \$100.00 Deductible.....	\$2,500.00
Additional Medical Expense (applies to Non-USA & Canada Medical Expenses ONLY).....	\$7,500.00
Emergency Medical Transportation	\$50,000.00
Repatriation of Mortal Remains.....	\$7,500.00
Medical Assistance (24 Hour Telephone Service)	
For Assistance with Worldwide Medical Emergencies	Included
Property (Baggage) Insurance	
\$100.00 Deductible	\$2,500.00
Aggregate Limit.....	\$2,000,000.00
Please Note: This brief summary is not an insurance policy, rather, it outlines some of the features of this coverage. For specific details, please consult the Master Policy.	
Also 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.	

Notes

1. The Aggregate Limit of \$2,000,000 provides the full \$100,000 AD&D coverage for up to 20 persons in a common accident. Higher limits up to \$10,000,000 are available for groups of 20 or more persons together and is included automatically when the additional premium on the Enrollment for 21 persons or more in the same group is paid.
2. For persons age 70 or over and certain children, The Accidental Death & Dismemberment Benefits are reduced to \$10,000.00 and there is no Disability Income Benefit.

Rate

\$2.00 per person per day with a medical limit of \$2,500 - or -
***\$2.55 per person per day with Optional "Overseas Only" medical coverage.**
(The entire group must enroll under the same plan).

Enrollment Procedure

To secure coverage, complete the form entitled Enrollment, Volunteer Missionary Insurance and return this along with your check for the premium made payable to: Adams & Associates International. In computing the number of days, count the departure day as well as the day of return.

If coverage is being secured for a group, the group would be responsible for requiring all Volunteers to carry this insurance. In the event the entire group is not travelling on the same dates, please attach a separate sheet grouping the Volunteers by the dates they are traveling.

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Please Print

Master Questionnaire

*Name of Group: (If you are not with a sending organization, please indicate "individual")		
Contact Person:		
Sending Organization Address: (If Individual, please put your address here)		
City:	State:	Zip:
Phone:	Fax:	E-Mail:
Denominational affiliation, if any:		Web-Address:
Sponsoring Organization or Other Group:		
Association Affiliation, if any: EFMA IFMA DOM FOM CWC AIMS Other, please specify:		
Nature of mission activities you sponsor (preaching, medical, construction, evangelism, media, etc.):		
Area or Countries of Service:		
Average # of missionaries serving overseas (per trip):		
Number of trips per year:		
Average length of trip:		
PLEASE ATTACH any brochures or other literature you may have available to help us understand your ministry and its operations.		

* Only one master questionnaire is required for each organization.

In signing this application/questionnaire, I understand:

- 1) No insurance is in effect until a policy or confirmation of coverage is issued.
- 2) The sending agency is under no obligation to purchase insurance
- 3) 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 to your specific group, please contact us for details.

Signature: _____

Title: _____ Date: _____

Please return this completed questionnaire, if one is not already on file with us for your group, to:

Mail or Fax to:

Adams & Associates®
INTERNATIONAL

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Columbia, SC 29250-5845

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e-mail: aai@aaintl.com • web: www.aaintl.com

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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:		
Master Policy Number: Miscellaneous Volunteers 9021798		
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.

Premium Computation

Standard:	_____	X	_____	=	_____	X	2.00	=	_____
	Number of Persons		Number of Days		Person/Days				Premium
W/Optional:	_____	X	_____	=	_____	X	2.55	=	_____
	Number of Persons		Number of Days		Person/Days				Premium
WHOLE GROUP MUST SELECT THE SAME PLAN									
Additional Charge of \$2.50 Per Person for Groups of 21 Persons or More ONLY.									
21 Persons or More:	_____	X	2.50	=	_____				Premium
	Number of Persons								
THIS IS A ONE TIME CHARGE									

List of Persons

Name	Date of Birth	Beneficiary
1.		
2.		
3.		

If several persons are participating in a single project, but for different dates of service, please list these persons showing their dates separately, married couples traveling together should list both husband and wife. Travel agents or Group Leaders may attach roster in lieu of completing this list.

Mail or Fax to:

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IMPORTANT

Please sign at
 "BY:"
 On Reverse

AIG Life Insurance Company Trust
PARTICIPATION AGREEMENT

For Policy Number 902-1798

THIS AGREEMENT, made and entered into as of the ____ day of _____, 20____, by and between Crestar Bank and _____

RECITALS

1. Crestar Bank has been appointed and is acting as the Trustee under an Agreement of Trust dated January 1, 1986, titled the AIG Insurance Company Trust (the "Agreement of Trust"), by and between AIG Life Insurance Company and Crestar Bank, hereinafter with any other trustee or trustees serving under the Agreement of Trust referred to as the "Trustee"). The purpose of the Agreement of Trust is to afford group insurance benefits to qualifying persons, members, customers or employees of certain organizations.

2. _____(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 Agreement of Trust.

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

1. Subject to 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 Agreement of Trust.

2. The Participant agrees to be bound by: (a) the provisions of the Agreement of Trust, and (b) each and every provision of the Insurance Policies (and all riders and amendments thereto). The definitions contained in the Agreement of Trust shall apply in the construction and interpretation of this Participation Agreement.

3. In particular, but without 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 Agreement 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 Agreement of Trust to represent the Participant in all dealings with the Trustee having to do with the insurance 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 insurance fund.

5. In the event that the Participant shall withdraw as a Participant under the Agreement 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 insurance 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 original counterpart of the Agreement 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 check or checks payable to the Trustee or its designee. Payment in any other manner shall be at the risk of the Participant.

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 thereunto duly authorized.

Accepted on behalf of Trustee:

PARTICIPANT: _____

Adams & Associates International®

By: _____

*By:

Administrator