Return this form to:

Adventist Risk Management, Inc.

Attn: Field Services
119 St. Peters Street
St. Albans, Hertsfordshire,
AL 1, 3EY, England

Attn: Field Services
12501 Old Columbia Pike,
Silver Spring, MD 20904

INTERNATIONAL CAMPERS & MISCELLANEOUS ACTIVITIES 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 Individuals who are participating in the Camp Program or Miscellaneous Activity of the Participating Organization, whose names are on file with the Participating Organization and for whom the appropriate premium has been paid.

Coverage – While participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organization. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

Select Coverage Option For Group Above: ☐ Option I ☐ Option II ☐ Option III

Benefits/Limits	Option I	Option II	Option III – New!
Accidental Death & Dismemberment:	$2,000	$5,000	$20,000
Accident Medical Expense	$2,000 primary	$3,000 primary	$5,000 primary
Accident Dental	$250 per tooth, up to $500	$250 per tooth, up to $500	$250 per tooth, up to $500
Dread Disease	$2,000	$3,000	$3,000
Other Sickness	$500	$500	$500
Aggregated Limit of Indemnity per Accident	$250,000	$250,000	$250,000
1 – 8 days	Rate - $ 0.49 per camper	Rate - $ 0.60 per camper	Rate - $ 1.40 per camper
9 – 10 days	Rate - $ 0.67 per camper	Rate - $ 0.86 per camper	Rate - $ 2.51 per camper
11 – 20 days	Rate - $ 0.90 per camper	Rate - $ 1.07 per camper	Rate - $ 4.19 per camper
21 – 30 days	Rate - $ 1.48 per camper	Rate - $ 1.79 per camper	Rate - $ 6.98 per camper
31 – 60 days	Rate - $ 2.44 per camper	Rate - $ 2.90 per camper	Rate - $13.28 per camper
61 – 90 days	Rate - $ 2.87 per camper	Rate - $ 3.34 per camper	Rate - $20.94 per camper
91 – 180 days	Rate - $ 8.61 per camper	Rate - $10.02 per camper	Rate - $62.82 per camper
181 – 365 days maximum	Rate - $10.57 per camper	Rate - $12.32 per camper	Rate - $73.29 per camper

As listed in the policy

Approved by: _____
Authorized Church Entity Representative

Expiration Date: February 14, 2011

International Campers & Miscellaneous Activities
Summary of Coverage

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

Policy Number: 9017494

Policy Term: February 14, 2010 – February 14, 2011

Administered by:



ADVENTIST RISK MANAGEMENT, INC.
Providing Solutions to Minimize Risks

Gencon Insurance Services

Underwritten by:

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Expiration Date: February 14, 2011

SCHEDULE OF BENEFITS AND PREMIUMS

ELIGIBILITY & COVERAGE:

Class I:	All Individuals who are participating in the Camp Program or Miscellaneous Activity 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 participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organization. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

Class II:	All Individuals who are participating in the Camp Program or Miscellaneous Activity 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 participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organization. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

Class III:	All Individuals who are participating in the Camp Program or Miscellaneous Activity 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 III.**
Coverage:	While participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organization. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

Camp - means the participating Camp whose application has been accepted and has a director or person in charge of the facilities and/or activities, organized activities and programs and registered participants.

Covered Camp Activity: An Insured Person will be covered for losses described in this policy which are incurred while:

(1) traveling directly without interruption to and from Camp;
(2) attending Camp; or
(3) participating in any regularly scheduled and supervised Camp activity.

Miscellaneous Activity - means participating in church outings, attending choir conventions or attending group meetings.

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

Option III
Principal Sum: $20,000.

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

MEDICAL EXPENSE BENEFITS:

Option III

$5,000. for each Accident
$5,000. 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, 2010

Expiration Date: February 14, 2011

PREMIUM:

Option I

$0.49 per camper per week or a fraction thereof (1 to 8 days)
$0.67 per camper for 9 to 10 days
$0.90 per camper for 11 to 20 days
$1.48 per camper for 21 to 30 days
$2.44 per camper for 31 to 60 days
$2.87 per camper for 61 to 90 days
$8.61 per camper for 91 to 180 days
$10.57 per camper for 181 to maximum of 365 days

PREMIUM:

Option II

$.60 per camper per week or a fraction thereof (1 to 8 days)
$.86 per camper for 9 to 10 days
$1.07 per camper for 11 to 20 days
$1.79 per camper for 21 to 30 days
$2.90 per camper for 31 to 60 days
$3.34 per camper for 61 to 90 days
$10.02 per camper for 91 to 180 days
$12.32 per camper for 181 to maximum of 365 days

PREMIUM:

Option III

$1.40 per camper per week or a fraction thereof (1 to 8 days)
$2.51 per camper for 9 to 10 days
$4.19 per camper for 11 to 20 days
$6.98 per camper for 21 to 30 days
$13.28 per camper for 31 to 60 days
$20.94 per camper for 61 to 90 days
$62.82 per camper for 91 to 180 days
$73.29 per camper for 181 to maximum of 365 days

EXCLUSIONS

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

1. suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat 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 thereat while sane or self destruction or any attempt thereat 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;

(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.