

United Methodist Volunteer In Mission (UMVIM)

ACCIDENT INSURANCE APPLICATION

Please print legibly in black or blue ink. Only one person permitted per application. Reproduce as needed.

Name: _____
FIRST MIDDLE LAST

Home Address: _____
STREET CITY STATE ZIP

Telephone Number: (____) _____ Cell Number: (____) _____

Email: _____ Birth Date: _____
(MM/DD/YYYY)

Beneficiary: My Estate/As in My Will or _____
NAME RELATIONSHIP TO YOU

Member Church Name: _____ Church City: _____

UMVIM Project Name: _____

Location: _____
(IF WITHIN THE US, LIST CITY AND STATE; IF ABROAD, LIST COUNTRY.)

Date of Departure: _____ Date of Return: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Team Leader(s)/Coordinator(s): 1. _____ 2. _____

RELEASE OF LIABILITY

(This must be signed BY APPLICANT for application to be valid and for applicant to receive insurance coverage.)

I understand that the General Board of Global Ministries of The United Methodist Church (Global Ministries UMC) assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer in Mission (UMVIM), and I, my heirs, personal representatives, and assigns hereby absolve Global Ministries UMC and hold it harmless from any claim or demand which I, my heirs, personal representatives, or assigns might conceivably assert for any such harm, illness, loss, or damage. I intend to be legally bound by this statement.

(If the volunteer is 21 years or younger, both the volunteer's and a parent's/guardian's signature are required.)

Signed: _____ Date: _____
VOLUNTEER (MM/DD/YYYY)

Signed: _____ Date: _____
PARENT/GUARDIAN (MM/DD/YYYY)

OPTIONAL INCLUSION IN DATABASE – Privacy Rights

By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in Global Ministries UMC, UMCOR, UMVIM, and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical recordkeeping. I may obtain a copy of and/or request the deletion of my data by contacting Global Ministries UMC by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release Global Ministries UMC and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult: <http://gbgm-umc.org/vim/mvdb/policy.htm>.

Signed: _____

Date: _____

(MM/DD/YYYY)

INSTRUCTIONS for Team Leaders

(1) This insurance policy is for participants who are: (a) in UMVIM projects listed in the Jurisdictional and MV websites (<http://umvim.info>); or Advance specials; (b) involved in working with Global Ministries missionaries, and includes travel to and from destination. (2) Applications and Cover letter must be typed or legibly handwritten. (3) Faxed applications are not acceptable. (4) No refunds. (5) Applications must be grouped together, and accompanied by a cover sheet and one payment check. (6) Make check payable to: General Board of Global Ministries, at \$.75 per person per day including days of departure and return. (7) Mail to address below (post-marked at least three weeks before date of departure).

Accident Insurance Policy Issued to the Mission Volunteers Program Area by the Federal Insurance Company of the Chubb Group for Participants in United-Methodist-Volunteers-In-Mission (UMVIM) Projects

Cost of Coverage

\$.75 per person per day, including day of departure and day of return.

Outline of Coverage

Medical expenses for an injury due to an accident: If an accidental bodily injury results in an insured person requiring medical care and treatment, the policy will pay the reasonable and customary medical expenses of medically necessary medical services up to \$10,000, subject to a deductible of \$250. Medical services means the costs for medically necessary treatment by a physician or dentist; hospital room and board; use of an ambulance; drugs; medicines; diagnostic tests and x-rays; treatment performed by licensed medical professional (if hospitalization would have otherwise been required), rental of durable medical equipment such as wheelchairs or hospital beds, prosthetic appliances, orthopedic appliances, or braces. It does not apply to charges for which the Insured Person has no obligation to pay, eyeglasses, other vision and hearing aids, or artificial limbs.

Accidental death and dismemberment benefit: If accidental bodily injury causes the following losses within one year of the date of the accident, which are not otherwise excluded, the policy will pay the indicated percentage of the principal sum of \$60,000 for: loss of life, 100%; loss of speech and hearing, 100%; loss of speech and one of: hand, foot, or sight of an eye, 100%; loss of hearing and one of: hand, foot, or sight of an eye, 100%; loss of both hands, both feet, sight of both eyes, or a combination of any two of: a hand, a foot, or sight of one eye, 100%; loss of one hand, one foot, or sight of one eye, 50%; loss of speech or hearing, 50%; loss of thumb and index finger of same hand, 25%.

Medical evacuation and repatriation: If accidental bodily injury, disease, or illness causes an insured person to require a physician-ordered medical evacuation and/or repatriation, the policy will pay for covered expenses incurred up to a maximum amount of \$100,000. The assistance services administrator, Medex Assistance Co., must approve evacuation/repatriation. Covered expenses include costs for evacuation, transportation, and medical supplies and services, but not expenses incurred if travel is against advice of a physician for the purpose of obtaining medical treatment or due to normal pregnancy or resulting childbirth. Medex operates a 24-hour toll-free emergency telephone assistance service. To access emergency assistance services while traveling, please call one of the following emergency telephone numbers: 1-800-527-0218 from within the US, Canada, Puerto Rico, or US Virgin Islands; or 410-453-6330 collect from anywhere else in the world. Maximum limit of insurance/aggregate: \$500,000 per accident.

Exclusions: These include loss occurring while Insured is in, entering, or exiting any aircraft owned, leased, or operated by his or her employer or on behalf of employer; loss occurring while Insured is in any aircraft while acting or training as a pilot or crew member (this does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency); loss caused by or resulting from Insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, or bodily malfunctions (this does not apply to loss resulting from bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria); loss resulting from suicide, attempted suicide, or loss intentionally self-inflicted; loss caused by or resulting from declared or undeclared war (but war does not include acts of terrorism); loss while Insured is participating in military action with Armed Forces of any country or established international authority.

Global Ministries - Mission Volunteers Office

475 Riverside Dr. Rm. 320 New York, NY 10115 Tel: 212-870-3825

Website: <http://umviminsurance.info>

connecting the church in mission

