

MISCELLANEOUS ACCIDENT PROGRAM APPLICATION

(100% members enrollment in covered group as of effective date of coverage must be insured)

ORGANIZATIONAL COVERAGE SELECTED:

ELIGIBLE	NUMBER OF DAYS/MOS.	NUMBER OF ENROLLED MEMBERS	COST OF PROGRAM PER MEMBER	PREMIUM DUE
(1) Pathfinder Clubs	_____	_____	\$4.20 / 12 months \$3.25 / 9 months \$2.15 / 6 months	_____ _____ _____
(2) Day or Conference Camps	_____	_____	\$.32 / day	_____
(3) Resident or Conference Camps (Medical: Accident \$25,000 & Sickness \$1,000) [] Seasonal [] Annual	_____	_____	\$.58 / day	_____
(4) Resident or Conference Camps (Medical: Accident Only \$25,000) [] Seasonal [] Annual	_____	_____	\$.37 / day	_____
(5) Vacation Bible School*	_____	_____	\$.32 / day	_____
(6) Misc. Trips & Short-Term Activities*	_____	_____	\$.48 / day	_____
(7) Organized Athletic Activities* (See Summary of Coverage for limitations)	_____	_____	\$4.42 / month	_____
(8) Swim Club	_____	_____	\$4.20 / 12 months	_____
(9) On & Off Premises Activities (Includes Groups #5 and #6)	_____	_____	\$1.07 / per election of coverage	_____
(10) Snow Ski, Go-Carts, Skateboards Para-sail, Roller Blades, Dirt Bikes	_____	_____	\$2.24 / day	_____
(11a1) Task Force: Accidental Death/Dismemberment - \$10,000/\$10,000 - Sickness of \$10,000	_____	_____	\$2.46 / day	_____
(11a2) Task Force: Accidental Death/Dismemberment - \$10,000/\$10,000 - Sickness of \$25,000	_____	_____	\$ 3.30/ day	_____
(11b1) Task Force: Accidental Death/Dismemberment - \$50,000/\$50,000 - Sickness of \$10,000	_____	_____	\$ 2.82 / day	_____
(11b2) Task Force: Accidental Death/Dismemberment - \$50,000/\$50,000 - Sickness of 25,000	_____	_____	\$ 3.66/ day	_____
(12) Conference-Wide Option (100% of Church Membership of Conference must participate) Comprised of coverage in #1,2,4,5,6 and 9. No sickness coverage is included.	_____	_____	\$1.70 / 12 months	_____
(13) Day Care/Nursery School/Pre-school	_____	_____	\$4.20 / 12 months	_____
TOTAL PREMIUM DUE FOR ALL GROUPS				= _____*

\$100.00 Minimum Premium required by all eligible groups - *except #5 & #6 which requires a \$25.00 Minimum Premium.

NAME OF ORGANIZATION _____ PHONE NO.(_____) _____

STREET _____ CITY _____ STATE _____ ZIP _____

DATES OF COVERAGE - FROM: _____ TO: _____

NAME OF APPLICANT _____ SIGNATURE _____

Please submit completed application and your full estimated or minimum premium payment to:

**ADVENTIST RISK MANAGEMENT, INC
Gencon Insurance Services, Inc**

Attn : Marlo Zeroth – Field Services
11291 Pierce Street, Riverside, CA 92515
Ofc.(951) 353-6837
Fax (951) 353-6848

Attn: Rochelle Wright – Field Services
12501 Old Columbia Pike, Silver Spring, MD 20904
Ofc.(301) 680-6839
Fax (301) 680-6840

Field Services
119 st. Peters Street, St. Albans,
Hertsfordshire , AL1, 3EY, England
Ofc. 441-727-865773 Fax 441-727-864578

Miscellaneous Accident Summary of Coverage

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

Policy Number: GLB 9023048-A

Policy Term: June 1, 2008 – June 1, 2009

Administered by:



ADVENTIST RISK MANAGEMENT, INC.

Providing Solutions to Minimize Risks

Gencon Insurance Services

Underwritten by:

The Insurance Company of the State of Pennsylvania

SCHEDULE OF BENEFITS AND PREMIUMS

ELIGIBILITY & COVERAGE:

All members of an insured group – 100% Participation required

Coverage for accidental bodily injuries or sickness (contracted whenever applicable) sustained while participating in Church or Organization sponsored and supervised group activities including authorized direct travel to and from the place of activity.

CLASS I: ELIGIBLE PERSONS SHALL INCLUDE THE FOLLOWING GROUPS:

- (1) Pathfinders Clubs
- (2) Day or Conference Camps
- (3) Resident or Conference Camps (Accident & Sickness Coverage),
- (4) Resident or Conference Camps (Accident Only Coverage),
- (5) Vacation Bible School,
- (6) Misc. Trips & Short Term Activities (Field Trips, Picnics, etc),
- (7) Organized Athletic Activities (excludes adult contact sports: soccer, football, lacrosse, and wrestling),
- (8) Swim Club,
- (9) On & Off Premises Activities for church members and guests applies while attending or participating in any scheduled, sponsored, and supervised activities
- (10) Snow Ski, Go-Carts, Skateboards, Para-sail, Roller Blades, Dirt Bikes, Rock Climbing/Rock Propelling
- (11) Humanitas – NAD (Accident Only),
 - (11a) Taskforce – NAD (Accident Only),
 - (11a1) Taskforce – NAD (Accident & Sickness),
 - (11a2) Taskforce – NAD (Accident & Sickness),
 - (11b) Taskforce – NAD (Accident Only),
 - (11b1) Taskforce – NAD (Accident & Sickness),
 - (11b2) Taskforce – NAD (Accident & Sickness),
- (12) Conference – Wide Option (100% of Church Membership of Conference must participate) is comprised of coverage available under the separate options of #1,2,4,5,6 and 9. No sickness coverage is included.
- (13) Day Care/Nursery School/Pre-School.

BENEFITS

ACCIDENTAL DEATH & DISMEMBERMENT

Principal Sum of \$10,000 (\$50,000 aggregate liability per accident)

Except groups 11b, 11b1, 11b2, which have \$50,000. (\$250,000 aggregate liability per accident)

Loss Of:	Percentage of Principal Sum
Life	100%
Two or More Members	100%
One Member	50%

ACCIDENTAL MEDICAL EXPENSE

Maximum of \$25,000 subject to \$0 deductible; Primary excess over \$100

The Company will pay the first \$100 of the expense incurred. Additional expenses are paid only when they are in excess of amounts payable by any other plan providing medical expenses. Deductible is \$0.

ACCIDENT AND SICKNESS MEDICAL EXPENSE

For covered expenses during any one period of individual coverage, excess of a \$0 deductible per incident.

In hospital medical services.....	100% of covered expenses
In hospital surgical expenses	100% of covered expenses
Out of hospital medical expenses.....	100% of covered expenses

The deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured, for any one disablement .

Resident or Conference Campers –	Accident - \$25,000 Sickness - \$1,000, Group #3
Humanitas (Task Force Workers) –	Accident - \$25,000 Sickness - \$10,000 or \$25,000

Dental Expenses are limited to \$2,000 per accident.

Benefit Period: 52 weeks
Coverage Type: Excess

In no event shall the Company's maximum liability exceed **\$25,000** in covered expenses per person per year. First treatment of an injury must occur within **30** days from the date of injury, during the period of coverage.

PARALYSIS

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis.

Type of Paralysis	Percentage of Maximum Amount
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%

ASSISTANCE SERVICES

Travel assistance coverage is applicable when the Insured is traveling outside the Insured's country of residence or outside a 100 mile radius of his place of permanent residence, whichever is less.

Pre-trip Assistance

Medical Assistance while traveling

Legal Assistance while traveling

General Travel Assistance

To use the service, contact AIG Assist and identify yourself as being a covered person under your Group Travel Accident Plan and give them the Group ID Number.

24-Hour Service: 1-800-626-2427

TERM OF COVERAGE:

Effective Date: June 1, 2008

Expiration Date: June 1, 2009

RATES:

<u>Group #</u>	<u>Rate Per Person, Per</u>	
1	\$4.20	12 Months
1	\$3.25	9 Months
1	\$2.15	6 Months
2	\$0.32	day
3	\$0.58	day
4	\$0.37	day
5	\$0.32	day
6	\$0.48	day
7	\$4.42	month
8	\$4.20	12 months
9	\$1.07	per each election of coverage
10	\$2.24	day
11a	\$0.58	day (accident only not available)
11a1	\$2.46	day (\$10,000 sickness option)
11a2	\$3.30	day (\$25,000 sickness option)
11b	\$0.94	day (accident only not available)
11b1	\$2.82	day (\$10,000 sickness option)
11b2	\$3.66	day (\$25,000 sickness option)
12	\$1.70	12 months
13	\$4.20	12 months

\$100.00 Minimum Premium required by all eligible groups except #5 and #6, which require a \$25.00 Minimum Premium

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. disease of any kind;
2. bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. hernia of any kind;

5. 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;
6. declared or undeclared war or any act thereof;
7. 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
- (2) For services, supplies or treatment, which were not recommended, by a physician;
- (3) For suicide or any attempt thereat
- (4) Declared or undeclared war
- (5) For Injury sustained while participating in professional, interscholastic, sponsored scholastic, amateur, intercollegiate, community athletics;
- (6) For pregnancy, childbirth, miscarriage, or abortion;
- (7) For routine physical or other examinations
- (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 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 therefrom;
- (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: scuba diving; sky diving; professional or amateur racing; piloting any aircraft; parasailing; paragliding; bungee jumping; hot air ballooning; extreme sports; motorcycle riding;
- (20) Treatment paid for or furnished under any other individual or group policy

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.