

# Fellowship Travel

Internet: [www.churchbenefits.org](http://www.churchbenefits.org)  
E-Mail: [churchbenefits@churchbenefits.org](mailto:churchbenefits@churchbenefits.org)  
Phone: 800-352-8741

Whether it is legal liability or moral responsibility, individuals who coordinate and arrange for groups to travel internationally create a great deal of liability for their ministry or school.

Assuming, or even requiring, that all travelers have medical protection does not shield the group organizer from liability. Inadequate coverage or the trip leader's inability (lack of training) to assist a traveler during an emergency, accident, or sickness, can lead to out-of-pocket expenses the ministry may be obligated to cover.

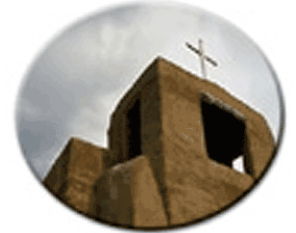
For as little as \$2 a day, everyone in your group can be covered; and equally important the trip leader can call upon trained experts to coordinate any type of emergency need.

**Have you  
read page 2  
of your  
passport?**



*"Peace of Mind"  
Coverage Card*

## **Church Trips**



## **Missionaries**



## **Student Trips**



## **Other Travelers**



## Instructions for Completing Group Census

(No minimum # of days required for groups of 5 or more only.)  
\*Benefits available through age 79. See policy for details.

### Step 1

- Complete the name and address of your church or school.
- List the name of a contact person at your church or school, and include his/her telephone and fax number.
- Please include an email address.

### Step 2

- Complete ALL columns on the census.
- Each person should be listed individually.  
Do not use family names, i.e., Smith family.
- If there are more than 10 people in the group, photocopy the form as needed.

### Step 3

- Select a method of payment.
- Cardholder must sign where indicated.
- **NOTE:** The census cannot be processed unless this section is filled out completely and signed. If paying with a check please contact Church Benefits

### Step 4

- Select an option.
- Calculate the total premium due.  
**Example:** A group of six will be traveling to South America for 10 days.  
Option 1 is the plan selected:  
 $6 (\# \text{ of people}) \times \$2.00 (\text{Option 1}) \times 10 (\# \text{ of days}) = \$120 \text{ total premium}$

### Fax the completed census with payment to 770-220-1661

For any questions or additional information, please contact the following:

CB Enrollment Services  
Email: [churchbenefits@churchbenefits.org](mailto:churchbenefits@churchbenefits.org)  
Toll Free: 800-352-8741

*Thank-you for letting Fellowship Travel assist you with your travel benefits. We wish you a safe trip and a pleasant journey. Please help us protect your friends and loved ones by passing this information along to them or letting them know they can reach us over the internet at [www.churchbenefits.org](http://www.churchbenefits.org)*



## Group Enrollment Form

### Step 1

Church Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Step 2

Name	Date of Birth	Date of Departure	Date of Return	Total # of Days	Passport Number or Social Security Number	Destination Country
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

### Step 3

Method of Payment:  VISA  MasterCard  American Express  Discover  JCB  Money Order  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_

**Overnight Delivery Option**  
 Add \$20.00

If paying by credit card, I authorize IMG to bill my credit card for the total charge as specified in "Total Premium" below:

#### Premium per person per day (Choose only one)

**Step 4** For Groups of **5 or more only**: (\$0 Deductible)

$$\frac{\text{_____}}{(\# \text{ in Group})} \times \frac{\text{_____}}{(\text{Premium } \$)} \times \frac{\text{_____}}{(\# \text{ of Days})} = \frac{\text{_____}}{(\text{Total Premium})}$$
[Include total for additional pages]

Option 1: \$2.00 (\$100,000 Maximum)  
 Option 2: \$2.20 (\$250,000 Maximum)  
 Option 3: \$2.45 (\$1,000,000 Maximum)

\*Benefits available through age **79**.

See policy for details.

**ALL CHECK PAYMENTS SHOULD BE MADE TO "IMG"**

## Schedule of Benefits Plan Information

Deductible	US\$0
Coinsurance For Treatment received outside the U.S. and Canada	No Coinsurance
For treatment received within the U.S. and Canada:	
In the PPO Network	The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to Policy Maximum
Out of the PPO Network	The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to Policy Maximum

### MEDICAL BENEFITS

Usual, reasonable and customary charges,  
subject to deductible and coinsurance

Hospital Room and Board	Up to Policy Maximum for average semi-private room rate
Intensive Care	Up to Policy Maximum
Medical Expenses	Up to Policy Maximum
Outpatient Medical	Up to Policy Maximum
Local Ambulance	Up to Policy Maximum
Emergency Room Accident	Up to Policy Maximum
Emergency Illness- with in-patient admission	Up to Policy Maximum
Emergency Illness- without In-patient admission	Up to Policy Maximum with additional US\$250 deductible
Dental Injury due to accident	Up to Policy Maximum
Sudden dental pain	Up to US\$100

## International Emergency Care When coordinated through the plan Administrator

Emergency Evacuation	Up to \$500,000 Lifetime Maximum Benefit
Emergency Reunion	Up to US \$50,000
Return of Mortal Remains	Up to US \$50,000
Returning Minor Children	Up to US \$50,000
Political Evacuation	Up to US \$10,000

### ADDITIONAL BENEFITS

Benefit Period	Six Months
Incidental Home Country Coverage	Up to a cumulative two weeks
Common Carrier Accidental Death	US\$50,000 to beneficiary; maximum of US\$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for <u>basic sports</u>
Accidental Death & Dismemberment	US\$25,000 principal sum
Terrorism Coverage	Up to US\$50,000 lifetime maximum
Identity Theft Assistance	Up to US\$500 per Period of Coverage
Natural Disaster	\$100 per day for five days
Trip Interruption	Up to \$5,000
Lost Luggage	Up to US\$50 per item of personal property; maximum of US\$250 per Period of Coverage

### ADDITIONAL BENEFITS FOR U.S. CITIZENS ONLY

Indemnity	Up to US\$100 per night
Sudden Recurrence of a Pre-existing Condition (U.S. Citizens) Medical	URC up to plan maximum up to age 65 with primary health plan. Up to age 65 without primary health plan: \$20,000 lifetime max. Age 65+: \$2,500 lifetime max.
Emergency Medical Evacuation	Up to US\$25,000 of eligible expenses

*For ages up through 69, \$1,000,000 in coverage available.  
For those age 70-79, \$100,000 maximum benefit  
This is a summary of benefits only. Please see policy  
for actual benefit descriptions.*