

Serving Abroad

Mission Trip and Missionary Insurance Coverage

Internet: bryals.servingabroad.com
E-Mail: bryals@myerteam.com
Phone : 334-549-6851
Outside the US: 001-770-394-3800

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



Bobby Ryals
6317 Old Pond Rd.
Montgomery, AL 36117
Fax to: 770-394-0333
Questions: bryals@myerteam.com

Serving Abroad

(For groups of 5 or more only. No Minimum # of days required.)
*Benefits Available through Age 79. See Policy for details.

Part A

- 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.

Part B

- 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.

Part C

- 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. All payments should be made payable to "IMG."

Part D

- 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
 $10 \text{ (# of days)} \times \$2.00 \text{ (Option 1)} \times 6 \text{ (# of people)} = \$120 \text{ Total Premium}$

Fax the completed Census with payment to 770-394-0333

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

Bobby Ryals: Educator Resources Representative

Email: bryals@myerteam.com

Phone: 334-549-6851

Thank-you for letting us "Serve abroad" with you. 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 bryals.myerteam.com



Serving Abroad Group Enrollment Form

Part A

Group Name: _____ Contact Name: _____
 Address: _____ Telephone: _____
 _____ Fax Number: _____
 City: _____ State: _____ Zip: _____ E-Mail: _____

Agent Number: 57988

Part B

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

Part C

Method of Payment: VISA MasterCard American Express Discover JCB Money Order

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Signature: _____ Name on Credit Card: _____

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)

Part D For Groups of **5 or more only**: (\$0 Deductible)

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

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

**Overnight
Delivery
Option**
 **Add
\$20.00**

Year 2010 Rates

*Benefits available through age **79**. See Policy for Details

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**ALL 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 basic sports |
| 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 | |
| Medical | Up to US\$15,000 of eligible expenses |
| 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.*