



**UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION**

Please print legibly in black or blue ink, and sign the Release of Liability.  
 Couples must fill out separate forms. Reproduce this form as needed. (Revised 3/15/05)

\_\_\_ Rev./ \_\_\_ Dr./ \_\_\_ Mr./ \_\_\_ Mrs./ \_\_\_ Ms. \_\_\_\_\_  
First Name Middle Initial Last Name

Birth Date (month/day/year) \_\_\_/\_\_\_/\_\_\_ Member Church (name & city) \_\_\_\_\_

Home Address (including apartment #) or PO Box \_\_\_\_\_

City, State & Zip Code (+ 4-digit zip code, if known) \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Beneficiary: [  ] Estate/My Will [  ] Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Date of Departure (month/day/year) \_\_\_/\_\_\_/\_\_\_ Date of Return (month/day/year) \_\_\_/\_\_\_/\_\_\_

Sponsoring Organization (e.g., local church, conf.,) \_\_\_\_\_ UMVIM Project \_\_\_\_\_

Type of Team: Medical \_\_\_ Construction \_\_\_ Other (specify) \_\_\_\_\_

Destination (if in the US, city & state; if abroad, name of country) \_\_\_\_\_

Team Leader / Coordinator 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 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, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If the volunteer is 21 years old or less, both the volunteer's and a parent's or guardian's signature are required.)

Witness by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PRIVACY RIGHTS (These are legal statements, and you may wish to review them with an attorney.)**  
 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 GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If the volunteer is 21 years old or less, both the volunteer's and a parent's or guardian's signature are required.)

**NOTES:** 1) This insurance policy is FOR US CITIZENS AND PERMANENT RESIDENTS ONLY who are participants in UMVIM projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>), Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure in 1 batch (not separately) and pay with 1 check (not separate checks). Check should accompany applications. 3) Attach cover sheet stating a) team leader's or coordinator's name, address, phone, and e-mail; b) destination; c) names and number of persons per each distinct set of dates of coverage (i.e., having same dates of departure AND return), as letter of coverage is drawn up per number of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at \$.75 per person per day, including days of departure and return (in subtracting departure from return date, add 1 to the difference to get the correct number of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 330, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage.

*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*

**Note:** There is a deductible of \$250. This insurance policy is intended for those working in UMVIM projects, including travel to and from the sites. UMVIM projects are defined as those projects listed in the Jurisdictional and Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>) or Advance specials, or involve working with GBGM missionaries. It is not intended for language study (except when required by the Individual Volunteer program) or non-work trips.

#### **COST OF COVERAGE**

Beginning January 1, 2005, the cost of coverage is \$0.75 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 include 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 a licensed medical professional (if hospitalization would have otherwise been required), rental of durable medical equipment like wheel chairs 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, and 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 indicated percent 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 an eye, 100%; loss of one hand, one foot, or sight of an 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 maximum amount of \$100,000. The assistance services administrator, Medex Assistance Co., must approve evacuation/repatriation. Covered expenses include costs for evacuation, transportation, 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.