

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 (Accident & Sickness) [] Seasonal [] Annual	_____	_____	\$.58 / day	_____
(4) Resident or Conference Camps (Accident Only) [] Seasonal [] Annual	_____	_____	\$.37 / day	_____
(5) Vacation Bible School*	_____	_____	\$.32 / day	_____
(6) Misc. Trips & Short-Term Activities*	_____	_____	\$.48 / day	_____
(7) Organized Athletic Activities* (Not Tackle Football)	_____	_____	\$4.42 / month	_____
(8) Swim Club	_____	_____	\$4.20 / 12 months	_____
(9) On & Off Premises Activities (Includes Groups #5 and #6)	_____	_____	\$1.07 / 12 months	_____
(10) Snow Ski, Go-Carts, Skateboards Para-sail, Roller Blades, Dirt Bikes	_____	_____	\$2.24 / day	_____
(11a) Task Force (Accidental Death/Dismemberment & Accident Only) (\$10,000/\$10,000 & \$25,000)	_____	_____	\$.58 / day	_____
(11ai) Task Force: Coverage 11a. plus Sickness of \$10,000	_____	_____	\$2.46 / day	_____
(11aii) Task Force: Coverage 11a. plus Sickness of \$25,000	_____	_____	\$ 3.30/ day	_____
(11b) Task Force (Accidental Death/Dismemberment & Accident Only) (\$50,000/\$50,000 & \$25,000)	_____	_____	\$ 0.94 / day	_____
(11bi) Task Force: Coverage 11b. plus Sickness of \$10,000	_____	_____	\$ 2.82 / day	_____
(11bii) Task Force: Coverage 11b. plus Sickness of \$25,000	_____	_____	\$ 3.66/ day	_____
(12) Conference-Wide Option (100% of Church Membership of Conference must participate) includes all coverage's EXCEPT Sickness Groups #1, 2, 3,4, 5, 6 and 9	_____	_____	\$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: _____

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

ADVENTIST RISK MANAGEMENT, INC
Gencon Insurance Services, Inc

Attn: Gertha Martinez, FSR
12501 Old Columbia Pike, Silver Spring, MD 20904-4300
Phone: (301) 680-6825 (301) 680-6840 – FAX

Attn: JoAnn Abeyta, FSR
P.O. Box 8007, Riverside, CA 92515
(951) 353-6834 / Fax (951) 353-6848

Miscellaneous Accident Program

Summary of Coverage

Eligible members:

1. Pathfinders
2. Day or Conference Camps
3. Resident or Conference Camps (Accident & Sickness)
4. Resident or Conference Comps (Accident Only)
5. Vacation Bible School
6. Misc. Trips & Short-Term Activities
7. Organized Athletic (No Tackle Football)
8. Swim Club
9. On & Off Premises Activities
10. Snow Ski, Go-Carts, Skateboards, Para-sail, Roller Blades, Dirt Bikes
11. Task Force (a, ai, aii, b, bi, bii)
12. Conference Wide Options
13. Day Care/Nursery School/Pre-School

Benefits:

1. Accidental Death & Dismemberment –

\$10,000/\$10,000 (Standard all groups)
\$50,000/\$50,000 (Additional option for Task Force Workers)

2. Accident & Sickness Medical Expense

\$25,000/\$1,000 (For Resident & Conference Camps)
\$25,000/\$10,000 or \$25,000 (Task Force Workers)

The Company will pay the first \$100 if injury results in incurring expenses. Additional expenses will be paid when they are in excess of any other plan providing medical expenses.

3. Paralysis Benefit:

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%

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Limb" means entire arm or entire leg.

4. Dental Expenses are limited to \$2,000 per accident. (See Exclusion #11)

Covered Expenses:

Expenses incurred as the result of and within 90 days from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions, shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodations;
2. Charges made for diagnosis, treatment and surgery by a physician;
3. Charges made for the cost and administration of anesthetics;
4. Charges for medications, x-rays services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical treatment;
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Hotel room charge, when the insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of hospital room by reason of capacity or distance or to any other circumstances beyond control of insured;
7. Dressing, drugs, and medicines that can only be obtained upon written prescription of a physician or surgeon.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as covered expenses.

Exclusions:

1. Pre-existing conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For sickness resulting from pregnancy, childbirth, or miscarriage;
7. For routine physical or other examination where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of physician;
8. For cosmetic or plastic surgery, except as a result of an accident;
9. For elective surgery which can be postponed until the insured returns to hi/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 for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction, or use of any drug or narcotics agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. for expenses which are no-medical in nature
16. for the ordinary cost of a one-way airplane ticket used in transportation back to the insured's country where an air ambulance benefit is provided;
17. For expenses as a result of or in connection with intentionally self-inflicted injury;
18. For expenses as a result of or in connection with the commission of felony offense;
19. For specific named hazards: motorcycle driving, mountain climbing, sky diving, professional and piloting and aircraft.
20. Treatment paid or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.