

## Forms & Insurance

This section of your travel binder includes various forms you may need for your trip. Each team member must turn in a mission trip application packet, an assumption of risk form, and a beneficiary designation form to Blessman Ministries. Here is what you will find in this section:

Explanation of GTL Travel Insurance	
Schedule of Benefits	
GTL Travel Assistance Plan Brochure	
BMM Assumption of Risk Form	Form A
GTL Insurance Beneficiary Designation	Form B

\* BMI now has an Application Packet with specific steps that must be completed prior to your acceptance on to the team. Please be sure you have ALL of the application packet completed and turned in to our offices. This packet is not included in this team member binder. It can be found on the Resources page of our website or requested from our office.

\*\*U.S. passport applications must now be filled out online. Application, payment, and submission of your passport application are your responsibility. You will need to take your application to a passport acceptance facility with the necessary supporting documents and apply in person. Be sure to do this early enough that you will receive your passport back in time for your trip. For more information on passports, visit the state department's website at [http://travel.state.gov/passport/get/first/first\\_832.html](http://travel.state.gov/passport/get/first/first_832.html)

## GTL Travel Insurance

Blessman Ministries requires each participant of every foreign mission trip to have adequate overseas health insurance coverage. There is no additional fee charged to you for this insurance. You may refuse the insurance if you can provide evidence that you have adequate coverage. It must have the same or better benefits as the GTL travel insurance. Those benefits can be found on the following page.

Please note this is not trip interruption or cancellation insurance. Insurance for last minute trip cancellation may be purchased individually at an additional charge in some instances. Contact our ministry if you would like to find out more about cancellation insurance.



## Ministries in Mission

### Missionary Travel Insurance

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## Schedule of Benefits

<b>Eligible Persons</b>	All registered Voluntary Short Term Missionaries and on record with the church / corporation for whom the required premium has been paid.
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### Benefits

Accidental Death and Dismemberment Principal Sum Amount	\$50,000
Accident Medical Maximum Amount	\$50,000 per occurrence
Sickness Medical Maximum Amount	\$10,000 per occurrence
Medical Evacuation Maximum	\$75,000
Repatriation Maximum	\$10,000
Deductible	\$50 per occurrence
Coinsurance	100% after \$50 deductible
Assistance Services	(Included) See Brochure

**Pre-existing conditions limitation:** Any injury or illness which was contracted or which manifested itself or for which treatment or medication was prescribed 5 years prior to the effective date is not covered.

### **And While You're Away**

#### **Translator And Interpreter Services**

Professional translators and interpreters can be reached 24 hours a day for emergency situations abroad.

#### **Emergency Message Service**

The GTL Travel Assistance Plan relays emergency messages between you and your family or school.

#### **Emergency Cash Replacement**

If necessary this plan can make cash arrangements through a friend or family member.

#### **Take the GTL Travel Assistance Plan Along**

Wherever you go - on a mission, on a trip, on Spring Break or even away at school - as long as you are more than 100 miles from home and enrolled in this Plan, these benefits travel with you...24 hours a day, 365 days a year.

If you need assistance, it is only a toll - free call away.

Services described in the GTL Travel Assistance Plan are provided by MEDEX Assistance Corporation, as a service of:

**Guarantee Trust  
Life Insurance Company**  
Glenview, IL 60025

This brochure is for informational purposes only.

**ALL SERVICES MUST BE ARRANGED AND DEEMED MEDICALLY NECESSARY BY MEDEX ASSISTANCE CORP. NO CLAIMS FOR REIMBURSEMENT WILL BE ACCEPTED.**

Due to problems of distance, time and communications, MEDEX cannot be responsible for the availability or results of any medical, legal or transportation service. The traveler is responsible for obtaining all services not directly provided by MEDEX and is responsible for the expenses associated with all services except those pertaining to repatriation and medically necessary evacuation as provided by MEDEX

# The G.T.L. Travel Assistance Plan

Service Provided by  
**MEDEX Assistance Corp.**

The person named is eligible for certain Services and Benefits as outlined in the Service agreement provided to the Group. Before obtaining medical and non-medical assistance call one of the phone numbers shown on the front of this card.

# The GTL Travel Assistance Plan

## **A valuable addition to your accident & sickness insurance program.**

This plan is designed to provide those of you who travel 100 miles or more from your place of permanent residence or travel in a foreign country that is not the country of permanent residence, with a worldwide 24-hour emergency telephone service. For students this means that you have coverage even while at school if your permanent residence is 100 miles or more away.

### **What is the GTL Travel Assistance Plan?**

This plan offers a comprehensive range of worldwide travel assistance and coordination services that respond immediately...before you leave on a trip or while you're just one hundred miles or more away from home.

### **Services Provided by**

#### **The GTL Travel Assistance Plan**

##### **Locating Medical Care**

We can help you locate medical care providers or local sources of medical care referral.

##### **Medical Insurance Assistance**

This program coordinates medical coverage, notifies your insurance company or managed care organization, verifies benefits and can guarantee medical payments for hospitals outside the United States.

##### **Case Communications**

This plan monitors the status of medical cases and communicates with you and your family, physician, school or consulate.

##### **Emergency Medical Evacuation**

If adequate medical facilities are not available locally, we will arrange and provide emergency evacuation - transportation, personnel and supplies, if necessary - to the nearest facility capable of providing appropriate care.

##### **Medically Necessary Repatriation**

If necessary, the program arranges to return you to your permanent place of residence under medical supervision once your condition has stabilized.

##### **Transportation Arrangements For A Friend or Relative**

If you are traveling alone (or on campus) and are hospitalized for more than seven days, this plan arranges and provides economy roundtrip airfare for the person you choose to the place you are hospitalized.

##### **Hotel Convalescence**

If you need to convalesce in a hotel before or after medical treatment, we help arrange it.

##### **Prescription Drug Assistance**

If you need prescription drugs that are not available locally, the GTL Travel Assistance Plan helps obtain them when possible and permissible.

##### **Repatriation of Mortal Remains**

If there is a death, this plan provides assistance to prepare and return remains and pays for the transportation.

##### **OTHER SERVICES AVAILABLE:**

##### **Locating Legal And Bail Bond Services**

The GTL Travel Assistance Plan helps you contact a local attorney or the appropriate consular officer if you are arrested, detained, in an automobile accident or need other legal help. If you need a bail bond, we coordinate these services in available locations.

##### **GTL/MEDEX Travel Assistance Plan**

Participant Name: \_\_\_\_\_

Group Name: \_\_\_\_\_ **Ministries in Mission**

For Emergency Assistance call

1-866-261-1370 Toll free in U.S. and Canada  
all other locations call collect: 1-410-453-6330

**MEDEX GROUP NUMBER 7082**

MEDEX is available 24 hours a day

##### **Baggage Assistance**

If your baggage is lost, stolen or delayed while you are traveling on a common carrier, our plan advises about reporting procedures and helps contact the appropriate companies or authorities to resolve the problem.

##### **Emergency Payment Assistance**

This plan helps obtain advances for medical or other travel emergencies by coordinating with your credit card company, bank, parents or other source.

##### **Before You Travel...**

The GTL Travel Assistance Plan works for you even before you travel.

You can easily plan upcoming trips by calling to receive information before you leave or while enroute.

##### **Passport And Visa Information**

We can advise what documentation you need to enter and leave foreign destinations.

##### **Health Hazard Advisory And Inoculation Requirements**

This plan provides up-to-the-minute health advisories, as well as medical entry requirements before you leave.

##### **Weather And Currency Locations**

You can receive daily currency exchange and weather information by calling the toll-free number.

##### **Consulate And Embassy Locations**

The service center maintains a complete listing of consulates and embassies.

**ASSUMPTION OF RISK AND INSURANCE ELECTION**

Blessman Ministries  
Lutheran Church of the Cross

**PART1-Assumption of Risk**

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Blessman Ministries and/or Lutheran Church of the Cross represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Blessman Ministries or Lutheran Church of the Cross.

2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

4. Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against Blessman Ministries or Lutheran Church of the Cross, the local church sponsoring the trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverages described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. I understand and accept the following policy of Blessman Ministries regarding ransom payments:

*Blessman Ministries has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. Blessman Ministries pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States' State Department.*

7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk and indemnity agreement is intended to be broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE ENTIRE ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

**PART 2-INSURANCE ELECTION**

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that both Blessman Ministries and Lutheran Church of the Cross currently require the insurance coverage summarized below, that I am responsible for the cost of such insurance, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary:

- \$50,000 accidental death and dismemberment principal sum
- \$50,000 accident medical maximum amount (per occurrence)
- \$10,000 sickness medical maximum amount (per occurrence)
- \$75,000 medical evacuation maximum
- \$10,000 repatriation maximum
- \$50 deductible per occurrence

Please check the appropriate statement:

- I have adequate insurance coverage and do not desire the insurance coverage described above. (Persons opting out of the above listed insurance are required to provide proof from their insurance company of a personal or company policy having at least the above listed coverage.)
- I desire the above described insurance coverage with Guarantee Trust Life (GTL)

### SIGNATURES

IMPORTANT: Please have two (2) witnesses observe your signing of this form, and have the witnesses sign the space provided for them. They must be at least 18 years old, and they cannot be your relatives.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Address

\_\_\_\_\_  
Spouse's Signature Address  
(if he or she will accompany you on your assignment)

\_\_\_\_\_  
Witness: Please Print and Sign Name Address

\_\_\_\_\_  
Witness: Please Print and Sign Name Address

### Team Trip Information: (MUST BE COMPLETED)

Destination{sl: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Please return this completed and signed form to: Blessman Ministries 2557 106 <sup>th</sup> Street Urbandale, IA 50322
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# **Guarantee Trust Life Insurance Company** **Beneficiary Designation**

Please print legibly in blue or black ink.

Name of Insured: \_\_\_\_\_  
Last First Middle Initial

Beneficiary: \_\_\_\_\_  
Last First Middle Initial

Beneficiary's Relationship to Insured: \_\_\_\_\_

Policyholder: Ministries in Mission

Signature of Insured: \_\_\_\_\_

Date of Signing: \_\_\_\_\_

*\*Note: one form required for each insured individual.*