

Travel Accident Insurance Benefits Volunteers on Mission in the USA and Canada

Campers On Mission - Summary of Coverage

Travel Accident Insurance for Southern Baptist Groups Performing Mission Activities within the USA and Canada.

Coverages

Basic Travel Insurance at a competitive cost for the following Volunteers Ages 10 and Over:

1. Short Term (serving 30 days or less)
2. Long Term (serving 30 days or more)

Those Under Age 10 are eligible for Plan "A" Only

Insurance becomes effective for each eligible person on the date a completed enrollment form is received by the company and is provided for covered activities only. Coverage terminates on the earlier of the termination date of the Policy or the date the person ceases to be eligible.

Accidental Death and Dismemberment Benefit and Paralysis Benefit

If Injury to the Insured Person shall result in one of the following losses within 365 days from the date of covered accident, the Company will pay the percentage of the Principal Sum specified below:

Loss of:	Percent of Principal Sum
Life.....	100%
Two Hands, Two Feet or the Sight of Both Eyes	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
One Hand, One Foot or the Sight of One Eye	50%
Thumb and Index Finger.....	25%
Quadriplegia.....	100%
Paraplegia.....	75%
Hemiplegia.....	50%

"Loss" shall mean, with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight of any eye, the entire and irrecoverable loss of sight thereof; with reference to thumb or index finger, severance through or above the metacarpophalangeal joint; with reference to quadriplegia, the complete and irreversible paralysis of both upper and lower limbs; with regard to paraplegia, the complete and irreversible paralysis of both lower limbs; and with regard to hemiplegia, the complete and irreversible paralysis of upper and lower limbs on one side of the body. If more than one of such specified losses shall result from the same accident, only one amount, largest, shall be paid.

Permanent Total Disability Benefit

When as the result of Injury an commencing within 90 days of the date of accident and Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the Company will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principle Sum less any amount paid under the Accidental Dismemberment Indemnity coverage as a result of the same accident, at a rate of one percent per month for 100 months.

Accidental Medical Expense Benefit

If Injury to the Insured Person shall required treatment by a physician, the Company will pay the Usual and Reasonable covered expenses actually incurred after the satisfaction of the deductible for such services, treatment or supplies up to the maximum amount, provided the first expense is incurred within 30 days of the accident causing Injury. The expenses must be incurred within 52 consecutive weeks after the date of accident. **Benefits are payable only in excess of any expenses payable by other valid and collectible group insurance.**

Services must be approved by the attending physician and include but are not limited to the following: charges for semi-private hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Center; fees of Physicians; Medical Expenses, in or out of the Hospital, including lab tests, prescription medicines, anesthetics, artificial limbs or eyes, ambulance service, therapeutics, transfusions, x-rays, and prosthetic appliances; and charges for registered nurse.

Please See Next Page For More Information

The Aggregate Limit of Indemnity of \$1,000,000 shall be the total limit of the Company's liability for all indemnities payable with respect to all Insured Persons arising out of Injury sustained by two or more Insured Persons as the result of any one accident.

Plan Design and Rates:	Plan A	Plan B
Principal Sum:		
Accidental Death and Dismemberment	\$50,000	\$100,000
Accidental Medical Expense		
Maximum Amount	\$5,000	\$10,000
Deductible per occurrence	\$50	\$50
Cost per day of Service	\$0.32	\$0.51

Exclusions

Policy does not cover any loss, fatal or non-fatal, incurred for or resulting from the following: Suicide or any attempt thereof while sane or self destruction or any attempt while insane; Infections except pyrogenic infections caused wholly by a covered Injury; War or any act of war, or accident occurring while in the military, naval or air service of any country; Accident occurring while the Insured Person is operating, or learning to operate, or performing the duties as a member of the crew of any aircraft; Dental treatment except as a result of Injury to sound natural teeth; Replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless Injury has caused impairment of sight; Injury for which the Insured Person is entitled to benefits under any Workers' Compensation Act or Law or any similar legislation; Hernia of any kind; Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Definitions

"Injury" shall mean bodily Injury caused by an accident and occurring while the Policy is in force as to the person whose Injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the Policy

This is a summary of coverage only. For exact details, please refer to policy SRG 8046454 on file with the policyholder. Coverages are underwritten by AIG Life Insurance Company and are not available in all states. If there is any conflict between the provisions of this summary and those of the master policy, the provisions of the master policy will govern at all times.

Enrollment Procedure

The enrollment form should be completed fully by the group leader, travel agent or individual and the original copy returned with your premium to Adams & Associates International. We suggest that this enrollment be completed well in advance of your term of service. **Enrollments can also be done via the Web at: www.aaintl.com User ID: COM & Password: COMNAMB**

Claims

Claim forms are enclosed in this brochure. Claims instructions are below. Each group leader should be furnished with a copy of these instructions and several of the claim forms. You may make copies of claim forms if additional copies are needed.

Please complete Accident Claim Report and attach bills or other information. Sign the form and have the physician's statement completed. On any accident medical expense claims indicate your policy number, employer's name, and insurance carrier's name, claims office address and phone number. Remember that the accident medical expense coverage is excess of other insurance you may have.

When writing or calling us about a claim, please identify yourself as a Southern Baptist Volunteer and identify the city and state of both your home and mission, sponsoring group, and dates of your particular mission so that we may promptly identify you and confirm your coverage.

All claims should be reported promptly to:



PO Box 5845
 Columbia, SC 29250-5845
 Tel: (803) 758-1400 Fax: (803) 252-1988
 E-Mail: aai@aaintl.com Internet: www.aaintl.com

If you need additional Claims forms, please advise us.

Travel Accident Insurance Benefits Volunteers on Mission in the USA and Canada

Campers on Mission Enrollment

Please make photo copies of this form for use on future mission trips.

Enrollments can be done via the WEB: www.aaintl.com
CoM USER ID: COM PASSWORD: COMNAMB

Please Print

Name:		Date of Birth:	
Address:			
City:		State:	Zip:
Phone:	Fax:	E-Mail:	
Location of Project:	Nature of Project:	Sponsoring Church:	
Expected Date of Departure from Home:			
Expected Date of Arrival Back Home:			

Please note, this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

Premium Computation

Number of Persons	X	Number of Days	=	Number of Person Days
_____		_____		_____

Select Plan and Calculate Premium

	Number of Person Days	Plan	Premium
Plan A	_____	.32	_____
Plan B	_____ X	.51	+= _____

List of Persons or Attach List

Name	Date of Birth	Beneficiary
1.		
2.		
3.		
4.		
5.		

If several persons are participating in a single project, but for different dates of service, please list these persons showing their dates separately, married couples traveling together should list both husband and wife. Travel agents or Group Leaders may attach roster in lieu of completing this list.

Make checks payable to Adams & Associates International and submit with the above information. Regardless of how you enroll for coverage, an e-mail conformation of coverage will be sent. This will be your receipt. Mail conformations will be sent upon request.

Please advise Adams & Associates International of any changes in travel plans. Also, in the event of a claim, notify Adams & Associates International immediately per the claim instructions.

E-Mail, Mail or Fax to:

Adams & Associates®
I N T E R N A T I O N A L

PO Box 5845
Columbia, SC 29250-5845
Tel: (803) 758-1400 / 800-922-8438 Fax: (803) 252-1988
E-Mail: aai@aaintl.com Internet: www.aaintl.com