

## ***Task Force Insurance for Volunteers Serving Within the U.S. or Canada***

**Insurance Provider:** AIG

**Assistance Provider:** Travel Assist

**Insurance Type:** Task Force Workers

**Policy Number:** SRG 0009139774-A

For emergency evacuation and travel assistance:  
(877) 281-2344 (Toll Free)

To report claims or verify eligibility:  
Adventist Risk Management  
1-888-951-4276  
claims@adventistrisk.org

Customer Care & Operations  
12501 Old Columbia Pike  
Silver Spring, MD 20904

### **Summary of Task Force Coverage**

#### **Who is eligible for this coverage?**

Individuals participating in Taskforce/1-year mission opportunities in the U.S. can purchase this special coverage. The Miscellaneous Accident Insurance policy provides taskforce workers with Accidental Death & Dismemberment benefits up to \$50,000 and medical expense benefits up to \$50,000.

Eligibility includes the North American Division and subsidiary institutions and organization members for whom applications has been made.

Schedule of benefits

*Eligibility and coverage*

All members of an insured group—100% participation required  
 Coverage for accidental bodily injuries or illness (contracted whenever applicable) sustained while participating in church- or organization-sponsored and supervised group activities, including authorized direct travel to and from the place of activity.

**CLASS I: ELIGIBLE PERSONS SHALL INCLUDE THE FOLLOWING GROUPS:**

- (11a1) Taskforce—NAD (Accident & Illness),
- (11a2) Taskforce—NAD (Accident & Illness),
- (11b1) Taskforce—NAD (Accident & Illness),
- (11b2) Taskforce—NAD (Accident & Illness).

*Benefits offered*

- Accidental Death & Dismemberment
- Accident & Illness Medical Expense
- Dental Expense limited to \$2,000 per accident

**Benefits per selection:**

Group	Accidental Death & Dismemberment Principal Sum	Accidental Medical Expense	Illness Medical Expense
11a1	\$20,000	\$50,000	\$10,000
11a2	\$20,000	\$50,000	\$25,000
11b1	\$50,000	\$50,000	\$10,000
11b2	\$50,000	\$50,000	\$25,000

**Accidental Death & Dismemberment**

Loss of	Percentage of Principal Sum
Life	100%
Two or More Members	100%
One Member	50%

**Accident and Illness Medical Expense**

Maximum benefit subject to \$0 deductible; Primary excess over \$100.

The Company will pay the first \$100 of the expense incurred. Additional expenses are paid only when they are in excess of amounts payable by any other plan providing medical expenses.

- In hospital medical services—100% of covered expenses
- In hospital surgical expenses—100% of covered expenses
- Out of hospital medical expenses—100% of covered expenses

The deductible is the dollar amount of covered expenses that must be incurred as an out-of-pocket expense by each Insured, for any one disablement.

**Dental Expense**

Dental expenses are limited to \$2,000 per accident.

Benefit Period: 52 weeks

Coverage Type: Excess

In no event shall the Company's maximum liability exceed \$25,000 in covered expenses per person per year. First treatment of an injury must occur within 30 days from the date of injury, during the period of coverage.

**Paralysis**

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%

\$100.00 Minimum Premium required.

**Exclusions**

The Plan does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Suicide or any attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Part B of Section II, Definition of Injury and Scope of Coverage;
6. Declared or undeclared war or any act thereof;
7. Service in the military, naval or air service of any country.

No benefits shall be payable for medical expenses provided by this Plan with respect to expenses incurred:

1. As a result of pre-existing conditions
2. For services, supplies or treatment, which were not recommended, by a physician;
3. For suicide or any attempt thereat
4. As a result of declared or undeclared war
5. For Injury sustained while participating in professional, interscholastic, sponsored scholastic, amateur, intercollegiate, community athletics;
6. For pregnancy, childbirth, miscarriage, or abortion;
7. For routine physical or other examinations
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the Insured returns to his/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 unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting there from;
15. For expenses that are non-medical in nature;
16. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;

17. For expenses as a result or in connection with intentionally self-inflicted injury;
18. For expenses as a result of or in connection with the commission of a felony offense;
19. For specific named hazards: scuba diving; sky diving; professional or amateur racing; piloting any aircraft; parasailing; paragliding; bungee jumping; hot air ballooning; extreme sports; motorcycle riding;
20. For treatment paid for or furnished under any other individual or group policy.

**NOTE**

*This is a brief description of the insurance benefits. The insurance is underwritten by The Insurance Company of the State of Pennsylvania, a Pennsylvania insurance company, which has its principal business at 70 Pine Street, New York, New York, 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429.*

*Under Policy #SRG 0009139774-A, the policy will contain reductions, limitations, exclusions and termination provisions. Full details of the insurance coverage are contained in the policy. All coverage may not be available in all states. If there are any conflicts between this document and the policy, the policy shall govern in all cases.*