



# General Conference of Seventh-Day Adventists Accident & Sickness for Volunteers (ASV)

General Conference of Seventh-Day Adventists is making a variety of travel benefits available for you while you are traveling on behalf of the General Conference of Seventh-Day Adventists and its affiliates. Below is a brief overview of the travel benefits being offered and contact information in the event of an emergency.

## Who is eligible for coverage?

You are eligible for coverage if you are an approved relief doctor, relief worker, pilot, relief missionary, student missionary, adventist volunteer service worker, a sustentation volunteer worker or regular missionary serving outside of the United States or an authorized participant on a specified short term trip and eligible dependents.

## When is coverage in effect?

Coverage will begin on the actual start of a covered trip. It will end when you return to your home, home country, place of work or other place.

### Accidental Death & Dismemberment Benefits\*:

If, within 365 days of a covered accident, injury results in any one of the losses shown, the benefit amount shown opposite the loss will be paid. If multiple losses occur, only one benefit amount—the largest—will be paid for all losses due to the same accident.

Covered Loss	Benefit Amount**
Life, Two or more Members, Quadriplegia,	\$50,000
Hemiplegia, One Member, Paraplegia,	\$25,000
Thumb & Index Finger of the Same Hand, Uniplegia	\$12,500

\*\*Benefit Amounts for eligible Spouses and Dependent Children vary.

### Medical Expense Benefits:

We will pay up to \$50,000 for medically necessary expenses incurred for hospital and medical care, treatment or services within 30 days of a covered accident or sickness. Coverage may vary for regular missionaries serving outside the United States. You have a \$150 deductible and a maximum co-payment of \$350. Your maximum out of pocket amount is \$500.

### Additional Benefits:

### Benefit Maximums

Emergency Hotel Convalescence	\$200 per day, maximum of 5 days
Emergency Medical (Guarantee of Payment for Hospital Admission)	\$10,000
Emergency Medical Evacuation	100% of Covered Expenses
Emergency Reunion	\$5,000, subject to \$300 per day for 10 days
Home Country Extension	Up to \$50,000
Permanent Total Disability*	1% of \$50,000 per month, up to 365 days
Repatriation of Remains	100% of Covered Expenses
Trip Cancellation	\$500 with options to purchase additional amounts of \$1,000, \$1,500 or \$2,000
Trip Interruption	\$500 with options to purchase additional amounts of \$1,000, \$1,500 or \$2,000
War Risk - Provides accident benefits as the result of a war if you are traveling outside of the United States or your Home Country	

### Travel Assistance Services:

For medical referrals, evacuation, repatriation or other services please call:

1-888-927-5353 (Inside the USA)  
1-240-330-1570 (Outside the USA)  
OPS@europassistance-usa.com

Visit <https://eservices.europassistance-usa.com/sites/sda> for access to global threat assessments and location based intelligence.

Username: N2SDA  
Password: 130801

### Please call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems

## What's Not Covered?

No accident benefits are payable for any loss or Injury that is caused by or results from:

- ♦ intentionally self-inflicted injury; suicide or attempted suicide; war or any act of war, whether declared or not\*
- ♦ a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization
- ♦ sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
- ♦ piloting or serving as a crewmember in any aircraft\*
- ♦ commission of or attempt to commit a felony.

In addition, medical expense benefits will not be paid for any loss, treatment, or services resulting from, or contributed to by:

- ♦ routine physicals and care of any kind
- ♦ mental and nervous disorders\*
- ♦ routine dental care and treatment, damage to dentures and bridges\*; treatment of temporomandibular joint dysfunction and associated myofascial pain
- ♦ cosmetic surgery or plastic surgery, including but not limited to, breast implants and breast reduction surgery, except as the result of an Injury
- ♦ eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids
- ♦ services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature
- ♦ treatment or service provided by a private duty nurse
- ♦ treatment by any Immediate Family Member or member of your household
- ♦ any expense paid or payable by any other valid and collectible group insurance plan
- ♦ expenses incurred as the result of Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law
- ♦ Injury or sickness where your trip to the host country is undertaken for treatment or advice for such injury or sickness
- ♦ medical expenses for which you would not be responsible to pay for in the absence of the Policy
- ♦ injury or sickness that occurs while you are under the influence of any drug unless administered under the advice and consent of a Doctor
- ♦ for expenses as a result of, or in connection with, the commission or attempt to commit an assault or felony
- ♦ injury resulting from mountain climbing (where ropes or guides are used), amateur and professional racing, racing or speed contests and bungee jumping
- ♦ custodial care
- ♦ services incurred in your Home Country\*
- ♦ services provided by any government hospital or agency; any expense covered by another employer or government sponsored plan for which, and to the extent that you are eligible
- ♦ elective treatment, exam or surgery, including those deemed to be experimental and which are not recognized and generally accepted medical practices in the United States
- ♦ expenses payable by any automobile insurance policy without regard to fault
- ♦ organ or tissue transplants and related services
- ♦ injury sustained while participating in professional, intercollegiate, or interscholastic sports
- ♦ expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization
- ♦ birth defects and congenital anomalies, or complications which arise from such conditions
- ♦ pre-existing conditions (please contact [claims@adventistrisk.com](mailto:claims@adventistrisk.com) for full details of this exclusion).

\*Except as provided in the Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

**CHUBB**



Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Travel assistance services are provided by Europ Assistance USA and are not insured benefits. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law.

Program sponsored by: Adventist Risk Management, Inc.

## How to File a Claim

You will need to submit a completed claim form for any covered accident or eligible expense in order to receive reimbursement under the policy. If you have suffered a covered loss or incurred a covered expense, please contact [claims@adventistrisk.org](mailto:claims@adventistrisk.org) for the appropriate claim form. The instructions for the claim form will detail any supporting documentation you will need to submit with your claim.

### How can I ensure the timely processing of my claim?

Be sure to provide the requested documentation when submitting a claim. Also, be sure to provide a diagnosis or suitable explanation for the loss you are claiming. When receiving care from doctors outside of the United States, an explanation of the occurrence may help to clarify your claim and help to facilitate the claim process.

### What if there is an emergency while I am traveling?

In an emergency call Europ Assistance USA right away. Your membership entitles you to help with arranging medical transportation or care; coordinating medical fees, when approved; monitoring your condition; evacuating you to a center of medical excellence if local care is inadequate; and providing help if your safety is at risk. You may also contact Europ Assistance USA if you need health, safety or security advice or if you need to find a local doctor or other medical provider. For more information, or to contact Europ Assistance USA, please refer to your travel ID card.

### What information will I need to provide if I call for travel assistance services?

Please be prepared to identify yourself as a member of General Conference of Seventh-Day Adventists. Europ Assistance USA will coordinate service authorization with your employer and will coordinate the claim submission process with your insurer if they incur approved covered expenses.

### What if a physician or hospital insists I pay the bill myself?

For non-emergency charges and expenses, providers may ask you to pay the bill yourself using cash or a credit card. You may submit these charges with a claim form and payment receipts for reimbursement by your local claim office. In an emergency situation, contact Europ Assistance USA immediately to see if a guaranty of payment may be arranged.