



# Mission Assure U.S. Travel / Special Events / Camps

## Short Term Travel

The General Council of the Assemblies of God is making a variety of travel insurance benefits available for you while participating in events sponsored and supervised by The General Council of the Assemblies of God or any church, and/or district council, school, seminary, college or university, or affiliated ministry of the Assemblies of God. Below is a brief overview of the travel insurance benefits being offered and contact information in the event of an emergency.

Who is eligible for coverage?

Class 1-Members of the Participating Organization engaged in a volunteer activity on or off premises, or sponsored activities off premises within the United States

What's covered?

### 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.

*Principal Sum*  
Class 1-\$10,000

### Additional Accident Benefits:

Coma- 1% of Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum.

### Accident Medical Expense Benefits:

If, within 60 days of a covered accident, injury results, we will pay up to your selected benefit maximum for covered expenses. Applies only if you are traveling inside your home country.

Class 1-\$25,000

### Sickness Expense Benefits:

We will pay up to your selected benefit maximum for medically necessary expenses incurred for hospital and medical care, treatment or services within 90 days of a covered sickness.

Class 1-\$2,500

We will pay benefits for covered expenses incurred within the Benefit Period as the result of Sickness when the covered person is participating in scheduled, supervised, and sponsored activities by you, including direct travel to and from such covered activities.

### Additional Benefits:

### Benefit Maximums

Family Reunion	\$2,500
Emergency Medical Benefits	\$10,000
Emergency Medical Evacuation	100% of covered expenses
Repatriation of Remains	100% of covered expenses

### Aggregate Limit

#### *Benefit Maximum*

Per Covered Accident \$1,000,000

Covered Loss	Benefit Amount
Life, Two or more members, Loss of use of Four Limbs	100% of the Principal Sum
Loss of use of Three Limbs	75% of the principal sum
Loss of use of Two Limbs	67% of the Principal Sum
One Member / Loss of use of One Limb	50% of the Principal Sum
Thumb and Index finger of Same Hand	25% of the Principal Sum

We will not pay benefits for any loss or injury that is caused by, or results from: · intentionally self-inflicted injury, while sane. (applicable to Accidental Death and Dismemberment Benefit only) · suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only) · 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. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days. · 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 (except as provided by this proposal). · commission of, or attempt to commit, a felony. · eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations, or prescriptions for them. · travel or activity outside the United States. · riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline. · commission of or active participation in a riot or insurrection. · injury paid by Workers' Compensation, Employer's Liability Laws, or similar occupational benefits. · injury or loss contributed to the use of any drugs or narcotic, except as prescribed by a doctor.

We will not pay Sickness Benefits for any loss, treatment, services or supplies resulting from, or contributed to by: · immunizations, services and supplies related to immunizations; · acupuncture, allergy, including allergy testing, or alopecia; · non-malignant warts, moles, lesions or acne; · care of corns and bunions; · sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; · submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; · eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore Radial Keratotomy/Lasik surgery is not covered; · voluntary or elective abortion; · congenital birth defects; · elective treatment or elective surgery; and · routine physical examinations and dental care.

In addition to the general exclusions, we will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from or contributed to by: · treatment by persons you employ or retain or by any immediate family member or member of the covered person's household. · treatment of sickness, disease, or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances. · treatment of hernia, Osgood-Schlatter disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in this proposal), whether or not caused by a covered accident. · pregnancy, childbirth, miscarriage, abortion, or any complications of any of these conditions. · mental and nervous disorders (except as provided in this proposal). · damage to or loss of dentures or bridges or damage to existing orthodontic equipment (except as specifically covered by this proposal). · expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by this proposal). · injury covered by workers' compensation, employers' liability laws, or similar occupational benefits or while engaging in activity for monetary gain from sources other than you. · injury or loss contributed to by the use of drugs unless administered by a doctor.

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.

#### Important Notice

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered. Complete details may be found in the policies on file at AG Financial's office. Insurance Benefits are underwritten by ACE American Insurance Company. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.