

Travel Accident Benefits Within the U.S. & Canada

Travel Accident Protection for Groups Performing Mission Activities within the U.S. and Canada

Coverages

Basic Travel Protection for travelers: Short-Term serving 30 days or less; Long-Term serving 30 days or more.

- The Accidental Death and Dismemberment Benefit for those Under Age 10 and Age 70+ is \$10,000.
- The Permanent Disability Benefit is not applicable to those under Age 10 and Age 70+.
- Those Under Age 10 are eligible for Plan "A" Only.

This is basic travel protection at a competitive cost for mission activities and related projects within the U.S. and Canada. Coverage 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	Percentage of Principal Sum	
	Plan A+ and A	Plan B
Life	100%	100%
Two Hands, Two Feet or the Sight of Both Eyes	100%	100%
One Hand and One Foot	100%	100%
One Hand and the Sight of One Eye	100%	100%
One Foot and the Sight of One Eye	100%	100%
One Hand, One Foot or the Sight of One Eye	50%	50%
Thumb and Index Finger	25%	25%
Quadriplegia	300%	100%
Paraplegia	200%	75%
Hemiplegia	100%	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 and 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 12 consecutive months and is total, continuous and permanent at the end of this period, the principal 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 require 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.

- There is a SICKNESS sublimit of \$2,500 provided under Plan A+ and A only.
- There is an EMERGENCY TRANSPORTATION benefit of \$25,000 provided under Plan A+ and A only.

Medical & Transportation Benefits are payable only in excess of any expenses payable by other valid and collectible protection. Benefits cannot be combined and will not exceed the limits outlined under any circumstance.

Services must be approved by the attending physician and include but are not limited to the following: charges for semiprivate 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.

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.

NEW! Personal Property Coverage

We now offer Personal Property coverage with the selection of Plan A+. This plan level includes a \$2,500 maximum limit per individual for lost, stolen or damaged baggage and personal effects. There is a \$100 deductible per occurrence. The aggregate limit is \$2,000,000.

Plan Design and Rates	Plan A+	Plan A	Plan B
Principal Sum			
Accidental Death and Dismemberment	\$100,000	\$100,000	\$100,000
Accidental Medical Expense			
Maximum Amount	\$10,000	\$10,000	\$10,000
Deductible per occurrence Accident	\$50	\$50	\$50
Sickness Medical Expense			
Maximum Amount	\$2,500	\$2,500	n/a
Deductible per occurrence Sickness	\$50	\$50	n/a
Emergency Transportation Expense Reimbursement	\$25,000	\$25,000	n/a
Personal Property	\$2,500	n/a	n/a
Deductible per Occurrence	\$100		
Cost per day of Services	\$2.35	\$1.18	\$0.75

Note: Those under age 10 are eligible for Plan A only.

Exclusions

Policy does not cover any loss, fatal or nonfatal, incurred for or resulting from the following: suicide or any attempt thereat 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, 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 PUSNA1502229 on file with the policyholder. Coverages are underwritten by Certain Underwriters at Lloyd's of London. 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.

Linking Arms Association

By submitting a completed enrollment form and payment to Gallagher Charitable, you agree to join the Linking Arms Association. This protection is one benefit of your membership in the Association. To learn more about the Association and other member benefits, please visit the Association's website at www.linkingarmsassociation.org or contact Gallagher Charitable.

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 Gallagher Charitable. We suggest that this enrollment be completed well in advance of your term of service. You can return your completed application to gallaghercharitable@ajg.com for review and processing.

Claims

In the event of a claim, contact the GCIIS Claims Department for applicable claim forms.

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 protection you may have.

When writing or calling us about a claim, please identify yourself as a USA/Canada 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:



Arthur J. Gallagher & Co.

P.O. Box 5845
Columbia, SC 29250-5845
P: 803.758.1400 | F: 803.252.1988
gccclaims@ajg.com
www.TravelwithGallagher.com

Enrollment

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 a roster in lieu of completing this list and email it to gallaghercharitable@ajg.com. Coverage is provided under policy PUSNA1502229. Copies of the policy issued to Linking Arms are available upon request.

Make checks payable to **Gallagher Charitable** and submit with the application. Regardless of how you enroll for coverage, an email confirmation of coverage will be sent. This will be your receipt. Mail confirmations will be sent upon request. **Please advise Gallagher Charitable International Insurance Services of any changes in travel plans.**

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Please make photocopies of this form for use on future mission trips. Enrollments can be done via www.TravelwithGallagher.com.

Please Print

Name		Date	
Email			
Address			
City	State	Zip	
Phone		Fax	
Sponsoring Church			
Location of Project		Nature of Project	
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	Number of Person Days	Plan	Premium
						X	\$2.35 =
						X	\$1.18 =
						X	\$0.75 =

List of Persons or Attach List

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

By submitting this enrollment and payment, I hereby enroll myself and all other individuals on this application as a member(s) of the Linking Arms Association. I/we appoint the Secretary of the Association in office at any particular time as my/our proxy to receive notice of and attend all meetings of the members and vote on my/our behalf and to otherwise act for me/us in the same manner and with the same effect as if I/we were personally present. This proxy shall be valid until revoked at any time prior to voting at any meeting by executing and delivering a written notice of revocation to the Secretary of the Association, by executing and delivering a subsequently dated proxy to the Secretary of the Association or by voting in person.



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