

United Methodist Volunteers In Mission, Northeastern Jurisdiction
32 N. Church St., Cortland, NY 13045
Ph .607-756-7799 , 607-756-7957 Fax

United Methodist Volunteers In Mission NEJ (UMVIM NEJ) Insurance Application

First name _____ Middle _____ Last _____

Birthdate (mon/day/yr) ____/____/____

Passport # _____ Expiration date _____

Member Church (Name & City) _____ Pastor's name _____

Home Street Address _____

City, State, Zip Code _____

Phone# _____ Email Address _____

Beneficiary ___ Estate/will ___ Name _____ Relationship _____

Date of Departure(mon/day/yr) ____/____/____ Date of return ____/____/____

Sponsoring organization (church Affiliation) _____

Anticipated project/host _____

Destination _____

Release of Liability (this must be signed by Applicant for application to be valid and to receive insurance). I understand that the United Methodist church, the General Board of Global Ministries, and the United Methodist Volunteers In Mission, NEJ program assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while serving as a person in mission. I, my heirs, personal representatives and assigns, hereby absolve the above named United Methodist groups and hold them harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed _____ Date _____

Witnessed by _____ Date _____

Cost: \$1.45 per day per person plus a \$15 per person registration fee (\$10,000 coverage) Rate effective 09/29/2010

\$1.70 per day per person plus a \$15 per person registration fee (\$25,000 coverage) Rate effective 09/29/2010

Coverage: Medical Evacuation and Repatriation: \$100,000

Accidental and Medical Expense Benefit: \$10,000 or \$25,000 w/ \$50 deductible

Lost luggage \$250, plus other benefits

Forms should be submitted as a team with one check payable to : UMVIM NEJ to the address listed above.

You will receive a contact letter regarding the insurance

provider and related policy and numbers once your forms are filed and recorded.