

United Methodist Volunteers in Mission, Northeastern Jurisdiction

nejvim@gmail.com

United Methodist Volunteers-in-Mission NEJ (UMVIM NEJ) Insurance Application

First name _____ Middle _____ Last _____

Birthdate (month/day/year) ___/___/___ Conference _____

Passport # _____ Expiration date _____

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

Home Address _____
Street City State Zip Code

Home phone _____ Cell _____ Email _____

Beneficiary ___ Estate/will Name _____ Relationship _____

Date of Departure (mon/day/yr) ___/___/___ Date of return ___/___/___ Total # days _____

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 _____

Basic Coverage: \$1.58 per day per person plus a \$15 per person registration fee (\$10,000 coverage)

\$1.89 per day per person plus a \$15 per person registration fee (\$25,000 coverage)

Sports¹ Coverage: \$1.97 per day per person plus a \$15 per person registration fee (\$10,000 coverage)

\$2.36 per day per person plus a \$15 per person registration fee (\$25,000 coverage)

¹ *If you are traveling via motorcycles or your group is participating in activities such as zip lines, you need the Sports insurance.*

Total # days _____ x _____ (days rate) (\$1.58, \$1.89, \$1.97 or \$2.36) + \$15 = _____ Total Due

Coverage: Medical Evacuation and Repatriation: \$100,000; Lost luggage \$250, plus other benefits

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

Submit form and payment to team leader. Team leader makes payment via credit card at:

<https://umvimnejorg.presencehost.net/resources/insurance-payment.html>