

International Helpers (Guernsey) Trust Volunteer Travel Summary



Insurance | Risk Management | Consulting

“The International Helpers (Guernsey) Trust (IHT) provides a range of benefits to Trust Participants while traveling outside of the USA for charitable purposes on short-term trips. These benefits are provided by service contracts and policies issued to the IHT which form the Trust Fund that is held for the benefit of the Trust Participants.”

BENEFIT	LIMIT	COMMENTS
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or over age 70
Medical Expenses – Primary <i>\$100 deductible – No preexisting conditions exclusion.</i>	\$10,000	Primary benefits; \$2,500 of this limit is available to pay U.S. or Canadian providers
Disability Income Benefit <i>(no benefit if under age 12 or over age 70)</i>	\$1,000/month \$500/month \$250/month	First 100 Months — Accident Months 101–200 — Accident 50 Months — Sickness (after 3 month waiting period)
Assistance Service	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Intana Global™
Emergency Medical Evacuation	\$100,000	Coordinated by Intana Global™; will bring participant back to USA if necessary
Crisis Management Service*	Included	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by World Aware
Security Evacuation*	\$100,000	Coordinated by World Aware; for evacuation due to crime, civil unrest, natural disasters, kidnap/hostage
Family Coordination and Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation
Personal Property <i>\$100 deductible</i>	\$2,500	“Door to door” replacement cost benefit includes checked baggage; higher limits available upon request
General Liability	\$1,000,000	Worldwide jurisdiction; includes benefit for injury to a volunteer; covers volunteer and sending organization
PARTICIPATION FEE	\$3.30 per person per day	


Excess Medical Expenses – Optional <i>Preexisting conditions are Excluded.</i> <i>Includes an additional \$50,000 Emergency Medical Evacuation limit.</i>	\$40,000	For those age 0-59 at an additional \$0.49 per diem
	\$90,000	For those age 0-59 at an additional \$0.69 per diem
Excess Medical Expenses – Optional <i>Preexisting conditions are Excluded.</i> <i>Does NOT include an additional Emergency Medical Evacuation limit.</i>	\$40,000	For those age 60-65 at an additional \$1.40 per diem
	\$40,000	For those age 66-70 at an additional \$3.05 per diem

By requesting that we enroll you or your group, you are agreeing to participate in the International Helpers (Guernsey) Trust (IHT) for certain benefits and services. The Trust Participation Agreement is attached for signature and return with enrollment. Services & Benefits are provided by service contracts & insurance policies issued to IHT.

*The cost of a security evacuation is only covered up to \$1,000 in countries and regions deemed severe risk by World Aware, unless the volunteer is already in the country and covered by this plan when the country or region is elevated to severe status. World Aware cannot guarantee service in Severe Risk areas. If you have questions about the risk level of your destination country, please contact us.

While World Aware will deploy a specialist or negotiator as needed, this benefit **does not pay ransom amounts.

This brief summary is not an insurance policy; rather, it outlines some of the features of these benefits. An Aggregate Limit of \$20,000,000 applies to the above benefits. This limit provides the full \$100,000 AD&D benefit for up to 200 persons in a common accident.



Mail or Email to:
P.O. Box 2860
Greenville, SC 29602
P: 800.775.9963 | F: 864.239.2435
gallaghercharitable@ajg.com
www.TravelWithGallagher.com

Volunteer Travel Benefits

Enrollment

Check One:

Group Leader

Travel Agent

Individual

Please Print

Name: _____

Signature: _____

Date: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Sponsoring Organization or Other Group: _____

Federal Tax ID#, if applicable: _____

Destination City: _____

Destination Country: _____

Expected Date of Departure from Home: _____

Expected Date of Arrival Back Home: _____

Total number of Days (Include date of departure and return when calculating): _____

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.

On the following page is a separate spreadsheet. Please include the following information on each participant in the group to be covered:

- Name
- Date of Birth
- Passport Number
- Named Beneficiary
- Travel Dates
- Enhancement Option – Check Mark if “Yes” to Increase Medical Expenses or Emergency Medical Evacuation Mail

Mail or email application to:

Gallagher Charitable International Insurance
Services P.O. Box 2860 – Greenville, SC 29602
Phone: 800-922.8438 | Fax: 864.239.2435
Email: gallaghercharitable@ajg.com
Web: www.TravelwithGallagher.com

Note: By requesting that we enroll you or your group, you are agreeing to participate in the International Helpers (Guernsey) Trust for certain benefits and services. The Trust Participation Agreement is attached for signature and return with enrollment.

Volunteer Travel Benefits – Participation Fee Calculations

See Summary of Benefits to Determine Your Daily Participation Fee.

Note: Please include your departure day and return day when calculating the total number of days.

Participation Fee Computation – Standard Option						
Number of Persons		Number of Days		Person/Days	Rate	Participation Fee
	x		=		x \$3.30	

“These are Optional Additional Benefits – Medical Expenses are covered up to \$10,000 under the Standard Option”

Excess Medical Expenses – Enhanced Option							
Plan		Number of Persons		Person/Days		Rate	Additional Participation Fee
\$40,000 (Ages 0-59) <i>Includes an additional \$50,000 Emergency Medical Evacuation Limit</i>		x	=			X \$0.49	
\$90,000 (Ages 0-59) Includes an additional \$50,000 Emergency Medical Evacuation Limit		x	=			X \$0.69	
\$40,000 (Ages 60-65)		x	=			X \$1.40	
\$40,000 (Ages 66-70)		x	=			X \$3.05	

Emergency Medical Evacuation is covered up to \$100,000 under the Standard Option. The .49 & .69 optional benefits provide an additional \$50,000 Emergency Medical Evacuation Limit

Fee Summary	
Total Participations Fees	\$
Total Excess (Enhanced) Medical Expenses Fees	\$
TOTAL FEES FOR GROUP	\$

Payment may be made with a check through the mail or online with a debit card, credit card or e-check.

Please note a 3% handling fee is added to online payments. We are not permitted to process payments over the telephone or email.

Volunteer Travel Benefits – Participants Roster

Short-Term International Volunteer Enrollment

Participants Traveling – If additional space is needed, please attach your list of team members and travel dates. *Please note: so the proper fee can be calculated if different.*

Passport numbers are now required.

								Check Mark if "Yes"			
	First Name (Required)	Last Name (Required)	Date of Birth (Required)	Passport Number (Required)	Beneficiary (or Estate of Insured)	Travel Start Date (Required)	Travel End Date (Required)	Excess Medical \$40,000 (Age 0-59)	Excess Medical \$90,000 (Age 0-59)	Excess Medical \$40,000 (Age 60-65)	Excess Medical \$40,000 (Age 66-70)
1.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Medical Evacuation is covered up to \$100,000 under the Standard Option. The optional coverages for Ages 0-59 provide an additional \$50,000 Emergency Medical Evacuation Limit.

International Helpers (Guernsey) Trust

“Participation Agreement Applicable to Volunteer Travel”

THIS AGREEMENT made and entered into as of the ____ day of _____ 20____ by and between **ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED** and _____ (Name of Participating Individual or Group).

RECITALS

- (A) ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED has been appointed and is acting as the trustee under a Declaration of Trust titled the International Helpers(Guernsey) Trust (the “Declaration of Trust”) and made by Artex Risk Solutions (Guernsey) Limited of Heritage Hall, Le Marchant Street, St Peter Port, Guernsey (hereinafter with any other trustee or trustees serving under the Declaration of Trust referred to as the “Trustee”). The purpose of the Declaration of Trust is to afford the benefit of certain services, including insurance benefits, to qualifying persons, members, customers or employees of certain organisations.
- (B) _____ (Insert Name of Participating Individual or Group) (hereinafter with any successor or successors thereto referred to as the “Participant”) desires to afford to himself or qualifying beneficiaries insurance benefits of the sort available under the Declaration of Trust Sub Funds B, D, E, F & G – War Risk, International Property, Personal Accident & General Liability and Crisis Management Services of the sort available under the Declaration of Trust.

NOW THEREFORE in consideration of the mutual promises herein contained the Trustee and the Participant hereby agree as follows:

- 1 Subject to the approval of the insurance provider providing the insurance pursuant to which insurance benefits shall be provided (the “Insurance Policies”) for the Participant, and the Service Provider entering into the Service Offering pursuant to which certain other services shall be provided to the Participant the Trustee agrees to permit the Participant to become a Participant under the Declaration of Trust.
- 2 The Participant agrees to be bound by:
 - 2.1 the provisions of the Declaration of Trust; and
 - 2.2 each and every provision of the Insurance Policies and the Service Offering (and all riders and amendments thereto).
3. The definitions contained in the Declaration of Trust shall apply in the construction and interpretation of this Participation Agreement.
4. In particular, but without prejudice to the generality of the foregoing, the Participant agrees promptly to furnish to the Trustee, the insurance provider and/or the Service Provider or, if requested by the Administrator under the Declaration of Trust to do so, to the Administrator all records and other information required by the insurance provider and/or the Service Provider to administer properly the Insurance Policies and/or the Service Offering and to permit the Trustee, the insurance provider, the Service Provider and/or the Administrator, whenever and as often as the Trustee, the insurance provider, the Service Provider or the Administrator may reasonably require, to inspect the records of the Participant bearing on the Insurance Policies and/or the Service Offering.
5. The Participant hereby appoints the Administrator (if any) acting under the Declaration of Trust to represent the Participant in all dealings with the Trustee having to do with the Trust Fund including by way of example and not of limitation of the foregoing such matters as instructions to the Trustee, the resignation or dismissal of the Trustee and the appointment of a successor, amendment of the Declaration of Trust, the fixing and adjustment of the Trustee's fee and all other matters pertaining to the construction of the Declaration of Trust, its effect and the administration of the Trust Fund.
6. In the event that the Participant shall withdraw as a Participant under the Declaration of Trust in accordance with the provisions thereof the Participant agrees that it shall relinquish any and all claims the Participant may have on the date on which such withdrawal becomes effective or which thereafter may accrue to any portion of the Trust Fund.
7. The Trustee shall make available at its principal place of business and during normal business hours upon reasonable notice to the Participant or any one or more of the qualifying persons, members, customers or employees of the Participant an executed duplicate of the Declaration of Trust and all amendments thereto which shall at the time be in force and effect.
8. The Participant shall pay when due the cost of all fees applicable to the Participant's qualifying persons, members, customers or employees to the Trustee or its nominee. Payment shall be at the risk of the Participant.
9. The Participant agrees and warrants that no solicitations have been made to it to enter into this Participation Agreement and that its participation under the terms of the Declaration of Trust, Insurance Policies and Service Offering is voluntary.

“Accepted on behalf of all participants on this application:”

Print Name

Date

Signature