

MINISTRIES IN MISSION

Administered by:



6500 Greenville Ave., Suite 680

Dallas, TX 75206

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ACCIDENT AND SICKNESS INSURANCE PROTECTION:

For the volunteer - Accident and Sickness coverage that travels with you

For the organization - Helps provide peace of mind that your volunteers are insured in case of Accident or Sickness

Blanket Policy Providing Sickness and Injury Coverage is
Underwritten & Claims are paid by:



Guarantee Trust Life Insurance Company
1275 Milwaukee Ave., Glenview, IL 60025

800-622-1993

MINISTRIES IN MISSION

ELIGIBILITY

All registered missionaries who are on a trip sponsored by the Policyholder and are on record with the Company are eligible for coverage.

EFFECTIVE DATE AND TERMINATION DATE

A Covered Person's coverage is effective when the Covered Person leaves his/her permanent residence for the purpose of going on a trip sponsored by the Policyholder.

A Covered Person's coverage terminates on the earlier of: the date the Master Policy terminates; the date the Covered Person returns to his/her permanent residence at the end of the trip sponsored by the Policyholder; or the end of the period for which premium has been paid.

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT

Maximum Benefit Amount	Per Injury - \$50,000	Per Sickness - \$10,000
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When a covered Injury or Sickness occurs, the Company will pay 100% of Covered Charges incurred up to the Maximum Benefit Amount, per Injury or Sickness. Each Injury or Sickness is subject to a \$50.00 Deductible. Treatment of Injury must begin within 60 days of Accident. Covered Charges must be incurred within 52 weeks from the date of the first treatment of Sickness or Injury. Coverage will coordinate with any other health coverage you may have.

Covered Charges:

INPATIENT:

- Hospital room and board and general nursing care while Hospital Confined, up to the daily semi-private room rate.
- Hospital miscellaneous expense, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies.
- Intensive Care Unit/Hospital expenses, not to exceed 2 1/2 times the Hospital rate for semi-private room.
- Pathologist and Radiologist expense.

OUTPATIENT:

- Day surgery miscellaneous expense.
- Emergency room expense and supplies.
- Diagnostic x-ray, CAT Scan/MRI and laboratory services expense.

INPATIENT AND OUTPATIENT:

- Doctor's fees for surgery.
- Anesthetist expense.
- Doctor's visits.
- Physiotherapy.

OTHER COVERED CHARGES:

- Dental treatment for Injury to Sound Natural Teeth.
- Ambulance expense.
- Prescription Drug expense.

GENERAL EXCLUSIONS

Except where prohibited by law, no benefits are payable under the Policy for:

- Treatment, services or supplies which: are not Medically Necessary; are not prescribed by a Doctor as necessary to treat a Sickness or Injury; are determined to be Experimental/Investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any Family Member.
- Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
- Expenses incurred as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion.
- Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane.

GENERAL EXCLUSIONS continued

- Cosmetic surgery other than: reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns.
- Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
- Routine physical examinations and routine testing; preventive testing or treatment; and screening exams.
- Treatment of alcoholism, or any form of substance abuse, except as specifically provided.
- Treatment of Mental or Nervous Disorders, except if specifically provided.
- Expenses incurred as a result of dental treatment, except as specifically stated.
- Eye examinations, contact lenses, eyeglasses, replacement of eyeglasses or prescription, therefore, or radial keratotomy or laser surgery; hearing aids or prescriptions or examinations, except as required for repair caused by Injury.
- Injury resulting from the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, club, professional and semiprofessional sports, racing or speed contests, skin diving, scuba diving, hang gliding, parasailing, sky diving, boating sky diving, or mountaineering (where ropes or guides are customarily used).
- Congenital conditions, except as specifically provided for newborn or adopted infants.

ACCIDENTAL DEATH AND DISMEMBERMENT, AND LOSS DUE TO QUADRIPLEGIA, PARAPLEGIA AND HEMIPLEGIA BENEFIT

When Injury results in any of the following losses to a Covered Person within 365 days of the date of the Covered Accident which caused the Injury, the Company will pay benefits as follows:

Loss of Life	\$50,000
Loss of both hands, feet or sight of both eyes	\$50,000
Loss of one hand, foot or sight of one eye	\$25,000
Quadriplegia	\$50,000
Paraplegia	\$25,000
Hemiplegia	\$25,000

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Loss due to hemiplegia means the complete loss of one side of the body with involvement of the arm and leg. Loss due to paraplegia means the complete loss of function of the lower extremities of the body with involvement of both legs. Loss due to quadriplegia means the complete loss of both the upper and lower extremities of the body with involvement of both arms and both legs. Any benefit payable under this part will be in addition to any benefit otherwise payable under the Policy. This benefit is subject to all the terms, conditions and exclusions of the Policy.

Accidental Death and Dismemberment, and Loss Due to Quadriplegia, Paraplegia and Hemiplegia Exclusions: These exclusions are in addition to the General Exclusions. No benefits shall be payable with respect to expenses incurred for:

- Ptomaine or bacterial infections except: infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause.
- Travel, or flight in or descent from any kind of aircraft unless: (a) as a fare-paying passenger on a regularly scheduled flight; or (b) as a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
- War or any act of war, declared or undeclared.
- Sickness or its medical or surgical treatment, including diagnosis.

DEFINITIONS

“Accident” means a sudden, unforeseeable event which results in an Injury.

“Company” means Guarantee Trust Life Insurance Company.

“Covered Charge” means the Reasonable and Customary charge incurred for a service or supply which is performed or given under the direction of a Doctor for the Medically Necessary treatment of an Injury or Sickness. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished.

“Deductible” means a dollar amount of Covered Charges a Covered Person must pay for each Injury or Sickness before the Company pays any benefits.

“Doctor” means a legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member.

DEFINITIONS continued

“Injury” means bodily Injury due to an Accident which results solely, directly and independently of disease, bodily infirmity or any other causes. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

“Pre-existing Condition” means Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person’s effective date of coverage under the Policy or a pregnancy existing on the Covered Person’s effective date of coverage under the Policy.

“Sickness” means illness, disease and Complications of Pregnancy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

TO FILE A MEDICAL CLAIM

1. Obtain the appropriate claim form.
2. For medical claims, all medical bills must be itemized and clearly indicate:
 - the patient’s name;
 - diagnosis;
 - type of treatment;
 - date of service; and
 - charges made by the provider for services rendered.
3. Mail the completed and signed claim form to:

Guarantee Trust Life Insurance Co.
P.O. Box 1148
Glenview, IL 60025

Questions on completing form and submission, call **1-800-622-1993**.

Blanket Policy Providing Sickness and Injury Coverage is issued on Form Series GP-2002 by Guarantee Trust Life Insurance Company, Glenview, IL. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the organization and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.

GTL TRAVEL ASSISTANCE PROGRAM

Evacuation services are provided through the GTL Travel Assistance Program in conjunction with On Call International. Evacuation services for Covered Expenses are available if any Injury or Sickness commencing during the course of a covered trip (while outside a 100 mile radius from his/her home or regular place of employment, or covered travel in a foreign country that is not the country of permanent residence) results in the necessary emergency evacuation. It must be ordered by a Doctor who certifies that the severity of the Covered Person’s Injury or Sickness warrants the emergency evacuation. **All services must be provided by On Call International. No claims for reimbursement will be accepted.**

Emergency Evacuation means:

- (a) the Covered Person’s medical condition warrants immediate transportation from the place where the Covered Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or
- (b) after being treated at a local hospital, the Covered Person’s medical condition warrants transportation to his/her then current place of residence (provided such residence is located in the United States or Canada) to obtain further medical treatment or to recover; or
- (c) both (a) and (b) above.

Covered Expenses are expenses up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Covered Person.

All transportation arrangements made for evacuating the Covered Person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Covered Person.

Expenses for medical supplies and services must be recommended by the attending Doctor.

Transportation means any land, water or air conveyance required to transport the Covered Person during an emergency evacuation.

Special transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

GTL TRAVEL ASSISTANCE PROGRAM continued

REPATRIATION OF REMAINS

Repatriation services are provided through the GTL Travel Assistance Program in conjunction with On Call International. Repatriation services for Covered Expenses are available to return the Covered Person's body home (United States or Canada) if he or she dies during the course of the trip. **All services must be provided by On Call International. No claims for reimbursement will be accepted.**

Covered Expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. This service applies only to expenses which are incurred by a Covered Person while outside a 100 mile radius from his/her home or regular employment, or covered travel in a foreign country that is not the country of permanent residence and which are coordinated through On Call International.

Medical Evacuation and Repatriation of Remains combined service maximum is \$100,000.

Refer to the GTL Travel Assistance Brochure for information on contacting On Call International.

Guarantee Trust Life Insurance Company and On Call International are separate legal entities and have sole financial responsibility for their own products.

GUARANTEE TRUST LIFE INSURANCE COMPANY PRIVACY NOTICE

At Guarantee Trust Life Insurance Company (GTL) we know the importance of the right to privacy. That's why protecting the information that personally identifies each and every one of our valued insurance customers is high priority, and a matter we take very seriously.

Our primary goal is, and will continue to be, providing competitive, fairly priced, and exceptional quality insurance products to meet the short-term and long-term financial needs of our customers. From life and health insurance to credit life and credit disability insurance, getting people the protection they need is not just a job to us, it is a privilege.

While the personal, financial and medical information shared with us (from applying for coverage, to filing a claim) is the cornerstone to providing the high-quality insurance protection and service our customers have come to know and expect, be assured that information, unique to our insurance customers, is kept secure, confidential and used expressly for the purpose of conducting our insurance relationship with them. Remember, protecting our customer's privacy is not only our priority, it's a promise.

The following is a summary of our privacy policy and practices. It tells you about the kinds of personally identifiable information we collect, disclose or share with others.

INFORMATION WE COLLECT AND SOURCES OF INFORMATION

In order for GTL to provide and administer the insurance products we offer, we collect personal information about the customer. Some of the information we collect is "nonpublic". The nonpublic personal information we collect is obtained from the following sources:

- Information we receive on the application for insurance or other forms (*such as name, address, telephone number, age, social security number, and beneficiary designation*).
- Information about our customer's transactions with us and our affiliates (*such as the type of insurance product purchased, the premium paid, the method of purchase, and payment history*).
- Information we receive from third party reports, (*such as consumer-reporting/credit agencies, motor vehicle records, and medical information. All medical information we receive is subject to the Medical Confidentiality rules described on next page*).

INFORMATION WE DISCLOSE

GTL does not disclose any nonpublic personal information about our customers or former customers to anyone without providing notice of the customer's rights to either opt out or opt in the sharing of personal information, except as permitted or required by law.

We may also disclose all of the information we collect, as described above, with the following:

- **Affiliates** – We may share information with our affiliates. Our affiliates offer products and services that may complement insurance purchases and we believe may be of interest to our customers.
- **Service Providers** – We may share information with companies engaged to perform services on our behalf, such as third party administrators and vendors hired to effect, administer or enforce a transaction a customer requests or authorizes; to develop or maintain computer software; or to perform market research.
- **Joint Marketing** – We may share information with companies that perform marketing services on our behalf or to other financial institutions with which we have a joint marketing agreement.

GUARANTEE TRUST LIFE INSURANCE COMPANY PRIVACY NOTICE continued

MEDICAL CONFIDENTIALITY

All medical information is kept confidential. We will not use or share, internally or with third-parties, our customer's medical information except for the purposes of:

- Underwriting;
- Administering the policy or claim;
- As permitted or required by law; or
- As authorized by the customer.

SECURITY AND CONFIDENTIALITY OF CUSTOMER INFORMATION

We restrict access to nonpublic personal information about our customers to those employees (or people working on our behalf under confidentiality agreements) who need to know the information in order to provide products and services. We also maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

Guarantee Trust Life Insurance Company
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Glenview, Illinois 60025
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