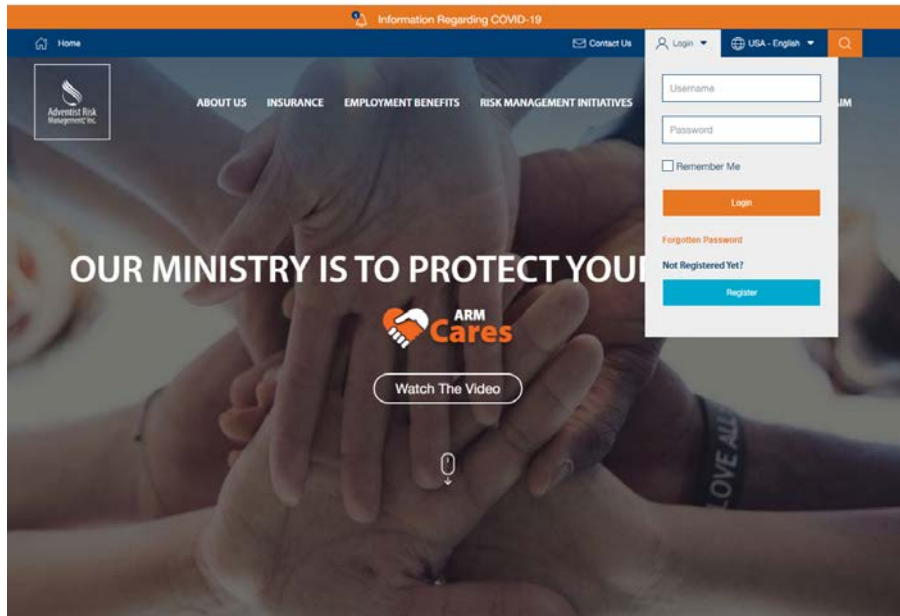
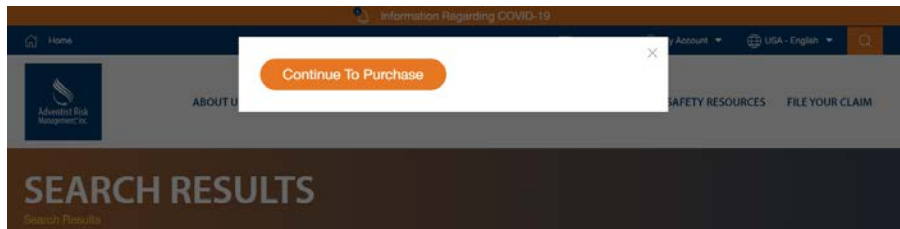


# Pathfinder Club Coverage – ARM

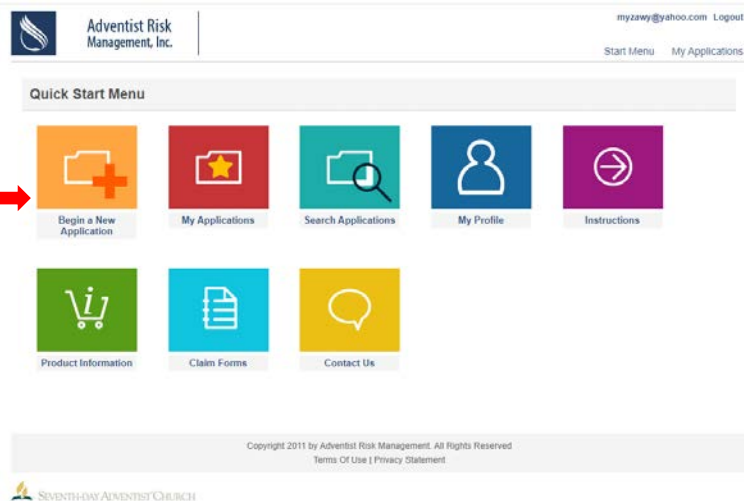
Go to: <http://adventistrisk.org/>



Create your account and log in.



Click on “Continue to Purchase”



Click on “Begin new application”

# Pathfinder Club Coverage – ARM

The screenshot shows the Adventist Risk Management website interface. At the top, there is a navigation bar with the logo and name 'Adventist Risk Management, Inc.', a user email 'myzawy@yahoo.com', and links for 'Logout', 'Start Menu', and 'My Applications'. Below the navigation bar, there is a 'Select an Insurance' section. A large, semi-transparent box titled 'Group Coverages (US Only)' is overlaid on the page. This box contains a description: 'Our congregations and conferences host a variety of activities for children and adults, including Pathfinders, VBS, and Camp Retreats. Choosing any of these options will provide valuable protection for your groups.' Below the description are two buttons: 'Buy' and 'More Details'. Below the 'Group Coverages (US Only)' box, there are several icons representing different coverage options: 'Volunteer Labor', 'Group Coverages (US Only)', 'Activities Accident (US Only)', 'Volunteer Labor Annual (Conference/Institution Only)', 'Task Force (US Only)', and 'Sports League or Organized Athletic Activities (US Only)'. A red arrow points upwards to the 'Group Coverages (US Only)' option.

Click on “Group Coverages (US only)”

The screenshot shows the 'Group Coverages (US Only)' form. At the top, there is a navigation bar with the logo and name 'Adventist Risk Management, Inc.', a user email 'myzawy@yahoo.com', and links for 'Logout', 'Start Menu', and 'My Applications'. Below the navigation bar, there is a 'Group Coverages (US Only)' section. A progress bar shows five steps: 1. Contact Information, 2. Participants/Destination/Travel Dates/Products, 3. Totals & Authorization, 4. Submit Payment, and 5. Confirmation/Print Policy/ID Cards. The 'Contact Information' step is currently active. Below the progress bar, there is a 'Contact Information' section with a 'Entry Title' field. Below that, there is a 'Division / Union / Conference Affiliation' field with a 'View List' button and an 'OR' option. Below that, there is a 'Sponsoring Organization (Church, Institution, etc.)' field. Below that, there are fields for 'Contact Name', 'Contact Surname', 'Address', 'E-Mail', 'Telephone Number', and 'Project Name'. Below that, there is a dropdown menu for 'Please select the type of trip this will be' with 'Church Sponsored Trip' selected. At the bottom, there are 'Next' and 'Delete' buttons.

Enter Carolina on: “Division / Union / Conference” field. It will automatically find the union and conference. Complete the form and click next.

You will be asked to pay online for the premium. Once your payment is process you will receive a copy of the Policy and ID Card. Please email [insurance@carolinasda.org](mailto:insurance@carolinasda.org) to let us know your club has purchased this coverage.

Thank you for keeping your Pathfinder Club Ministry as SAFE place to worship and learn.

## Pathfinder Club Coverage – ARM

### Miscellaneous Accident Program (MAP) Group Coverages (United States Only)

Summary for POLICY #SRG 0009139774-B

Benefits under this program include:

- Accidental Death & Dismemberment
- Accidental Medical Expense
- \*Accidental and \*Sickness Medical Expense
- Dental Expense for injury to sound or normal teeth
- Emergency Evacuation and Repatriation

#### **SCHEDULE OF BENEFITS ELIGIBILITY & COVERAGE:**

All members of an insured group – 100% Participation required

Coverage for accidental bodily injuries sustained while participating in Church or Organization sponsored and supervised group activities including authorized direct travel to and from the place of activity.

CLASS OF ELIGIBLE PERSONS SHALL INCLUDE THE FOLLOWING COVERAGE GROUPS:

1. Annual Conference -Wide Membership Activities – (by choosing this option you do not need to buy the Pathfinder, Day or Conference Camp Activities, Resident or Conference Camps(AM), Vacation Bible School, and the Activities Accident Coverages)
2. Pathfinder Club
3. Day or Conference Camp Activities
4. Vacation Bible School
5. Resident of Conference Camps
6. \*Resident or Conference Camps – Accident & Sickness Medical
7. Day Care/Nursery School/Pre-School

#### **BENEFITS**

##### **Accidental Death & Dismemberment Benefit**

Principal Sum of \$20,000

<i>Loss Of</i>	<i>Percentage of Principal Sum</i>
Life	100%
Two or More Members	100%
One Member	50%

##### **Accident Medical Expense Benefit**

Maximum of \$50,000 subject to \$0 deductible; Primary excess over \$100

## Pathfinder Club Coverage – ARM

The Company will pay the first \$100 of the expense incurred. Additional expenses are paid only when they are in excess of amounts payable by any other plan providing medical expenses.

For covered expenses during any one period of individual coverage, excess of a \$0 deductible per incident.

In hospital medical services	100% of covered expenses
In hospital surgical expenses	100% of covered expenses
Out of hospital medical expenses	100% of covered expenses
Dental Expenses are limited to \$2,000 per accident.	

### **\*Sickness Medical Expense Benefit**

Maximum of \$1,000 subject to \$0 deductible; Primary excess over \$100

### **Paralysis**

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis.

Type of Paralysis	Percentage of Maximum Amount
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%

**Benefit Period: 52 weeks**

**Coverage Type: Excess**

**\$100.00 Minimum Premium required per coverage**

### **EXCLUSIONS**

The Plan does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat by the Insured Person while insane;
2. disease of any kind;
3. bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. hernia of any kind;
5. injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Part B of Section II, Definition of Injury and Scope of Coverage;
6. declared or undeclared war or any act thereof;

## Pathfinder Club Coverage – ARM

7. service in the military, naval or air service of any country.

No benefits shall be payable for **medical expenses** provided by this Plan with respect to expenses incurred:

1. Pre-existing conditions
2. For services, supplies or treatment, which were not recommended, by a physician;
3. For suicide or any attempt thereof
4. Declared or undeclared war
5. For Injury sustained while participating in professional, interscholastic, sponsored scholastic, amateur, intercollegiate, community athletics, except participation in a Covered Activity;
6. For pregnancy, childbirth, miscarriage, or abortion;
7. For routine physical or other examinations
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the Insured returns to his/her country of residence;
10. For any mental and nervous disorders or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by accident;
12. For eye refractions or eye examinations unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting there from;
15. For expenses which are non medical in nature;
16. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
17. For expenses as a result or in connection with intentionally self-inflicted injury;
18. For expenses as a result of or in connection with the commission of a felony offense;
19. For specific named hazards: scuba diving; sky diving; professional or amateur racing; piloting any aircraft; parasailing; paragliding; bungee jumping; hot air ballooning; extreme sports; motorcycle riding;
20. Treatment paid for or furnished under any other individual or group policy

Other exclusions may apply.

This is a brief description of the insurance benefits. The insurance is underwritten by The Insurance Company of the State of Pennsylvania, a Pennsylvania insurance company, has its principal business at 70 Pine Street, New York, New York, 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429.

Under Policy #SRG 0009139774-B, the policy will contain reductions, limitations, exclusions and termination provisions. Full details of the insurance coverage are contained in the policy. All coverage may not be available in all states. If there are any conflicts between this document and the policy, the policy shall govern in all cases.