DOMESTIC INSURANCE FORM

☐ Volunteering for 1-90 days ☐ Volunteering for 91-365 days

Please complete <u>one form</u> per family.

Name	Date of Birth (MM/DD/YY)

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Home Phone:** _____ • _____ • _____

Cell: _____ • _____ • _____ **E-mail:** _____

In case of an emergency contact – Name: _____ **Relationship:** _____

Address: _____ **City:** _____

State/Province: _____ **Country:** _____ **Zip:** _____

Phone: Home _____ • _____ • _____ **Work** _____ • _____ • _____ **Cell:** _____ • _____ • _____

Ministry Site: _____ **State:** _____ **City:** _____

Departure date: _____ **Return date:** _____

MM / DD / YY **MM / DD / YY**

Total number of days: <u>0</u> **(Calculate the total days by including the day of departure and the day of return.)**

If your total is 1-21 days

Insurance cost: US **$1.25**/day X ___ days X ___ people = $ **<u>0.00</u>** Total cost

If your total is 22-90 days

Insurance cost: US **$1.00**/day X ___ days X ___ people = $ **<u>0.00</u>** Total cost

If your total is 91-365 days

Insurance cost: US **$ .75**/day X ___ days X ___ people = $ **<u>0.00</u>** Total cost

*You must pay your entire premium 2 weeks prior to your departure. Thank you**!***

Please enclose your check with this form made payable to: ***General Treasurer, Church of the Nazarene.***

Amount paid today: $ _____ Check # _____

The domestic volunteer insurance is **emergency medical coverage** for: **A) Accident B) Accidental Death and Dismemberment and C) General Liability**. The volunteer insurance does not include any war risk coverage. I have read and understand the insurance coverage and I have explained it to my family.

_____ _____

Head of Household (Typed) **Date (MM/DD/YY**

Return via e-mail to: missioncorps@nazarene.org Or by fax to: 913-577-0889
Or by post to: Church of the Nazarene, P.O. Box 843116, Kansas City, MO 64184