GLOBAL INSURANCE FORM

☐ Guest/s to Field ☐ 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)	Country of Citizenship

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:** _____ • _____ • _____

Country of Service: _____ **Departure date:** _____ **Return date:** _____

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

Total number of days: _____ **(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 **$3.25**/day X ___ days X ___ people = $ **<u>0.00</u>** Total cost

If your total is 22-90 days

Insurance cost: US **$2.75**/day X ___ days X ___ people = $ **<u>0.00</u>** Total cost

Amount paid today: $ _____ Check # _____

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.***

If your total is 91-365 days

Insurance cost: US **$2.25**/day X ___ days X ___ people = $ **<u>0.00</u>** Total cost

You may enclose a check for the amount of your insurance with this form. However, if no payment is enclosed, your premiums will be automatically deducted from the field. It will be your responsibility to cover these premiums on the field either through direct payment or by deducting the premiums from support money sent to the field for you by family and friends.

The volunteer insurance is **emergency medical coverage** for: **A) Accident & Sickness, B) Accidental Death and Dismemberment, C) Emergency Evacuation for medical condition, D) Repatriation of Remains and E) 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