CHURCH
OF THE
NAZARENE

GLOBAL
INSURANCE
PROGRAM

For assistance and information please contact:

World Mission Mobilization

17001 Prairie Star Parkway
Lenexa, KS 66220
913-577-0500

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SUMMARY OF PLAN DESCRIPTION

Policy Number: 901 84 67-A

ELIGIBILITY

All registered participants of the Church of the Nazarene while traveling outside of their country of permanent residence and participating in an approved program of the Church of the Nazarene, including authorized family and other visitors to the field.

BENEFITS

ACCIDENT & SICKNESS MEDICAL EXPENSES

BENEFIT MAXIMUM $100,000

The Company will pay benefits with respect to covered expenses, resulting from a disablement. Coverage is limited to covered expenses incurred subject to the limitations shown in the Exclusions section. The term "disablement" as used with respect to medical expenses shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in the policy. All bodily injuries sustained in any one accident shall be considered one disablement; all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising there from), the disablement shall be considered a continuation for the prior disablement and not a separate disablement.

Treatment of a disablement must occur during the period o coverage.

SCHEDULE OF BENEFITS

In no event shall the Company's maximum liability exceed $50,000 as to covered expenses per any one period of individual coverage.

When a covered injury or illness occurs, there is no deductible amount and the Company will pay for:

Covered charges in full per person per policy period for accident & sickness.

In Hospital Medical Services	100% of covered expenses
In Hospital Surgical Services	100% of covered expenses
Out of Hospital Medical Expenses	100% of covered expenses

The plan will pay 100% of the medical expenses incurred.

Covered Expenses are the regular and customary charges for services and supplies incurred as the result of and within 26 weeks from the date of the disablement. They include: **(a)** charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation; **(b)** charges made for diagnosis, treatment and surgery by a physician; **(c)** charges made for the cost and administration of anesthetics; **(d)** charges for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; **(e)** charges for physiotherapy, if recommended by a physician, for treatment of a specific disablement and administered by a licensed physiotherapist;

(f) hotel room charge, when the insured person, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owning to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond the control of the insured person;
(g) dressings, drugs, and medicines that can only be obtained upon written prescription of a physician or surgeon.

EXCLUSIONS

With respect to Accident and Sickness Medical Expenses, no benefits shall be payable with respect to expenses incurred:

(1) **Pre-Existing conditions,** defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed **twelve (12) months prior** to the Insured's effective date of coverage;

(2) For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;

(3) For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;

(4) Declared or undeclared war or any act thereof;

(5) For injury sustained while participating in professional athletics;

(6) For illness resulting from pregnancy childbirth or miscarriage;

(7) For miscarriage resulting from accident;

(8) For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a physician;

(9) For cosmetic or plastic surgery, except as the result of an accident;

(10) For elective surgery which can be postponed until the Insured returns to his/her country of residence;

(11) For any mental and nervous disorders or rest cures;

(12) For dental care, except as the result of injury to natural teeth caused by accident;

(13) For eye infractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;

(14) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;

(15) For congenital anomalies and conditions arising out of or resulting therefrom;

(16) For expenses which are non-medical in nature;

(17) 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;

(18) For expenses as a result of or in connection with intentionally self-inflicted injury;

(19) For expenses as a result of or in connection with the commission of a felony offense;

(20) For specific named hazards: Motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, or other activities deemed as hazardous;

(21) Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

PRINCIPAL SUM: $75,000

When injury results in any one of the following losses to an insured person within 365 days of the date of the covered accident, which caused the injury, the Company will pay the Principal Sum applicable as stated below:

Description of Loss Indemnity

For Loss of:
Life. . . . . Principal Sum
Both Hands or Both Feet or
Sight of Both Eyes. . . . . Principal Sum
One Hand or One Foot. . . . . Principal Sum
Either Hand or Foot and
Sight of One Eye. . . . . Principal Sum
Either Hand or Foot. . One-Half of the Principal Sum
Sight of One Eye. . . . .One-Half of the Principal Sum
Quadriplegia. . . . . Principal Sum
Paraplegia. . . . Three Quarters of the Principal Sum
Hemiplegia. . . . . One-Half of the Principal Sum

"Loss" means with regard to hand or foot, actual severance through or above the wrist or ankle joint; and with regard to eye, entire and irrecoverable loss of sight, with reference to quadriplegia, paraplegia, and hemiplegia, means the complete and irreversible paralysis of such limbs.

Only one benefit, the largest to which the Insured Person is entitled, will be paid for the losses resulting from the same accident.

AGGREGATE LIMIT OF LIABILITY

The Aggregate Limit of Indemnity shall be the total limit of the Company's liability for all indemnities payable under Accidental Death and Dismemberment Indemnity with respect to Insured Persons arising out of injury sustained by two or more Insured Persons as the result of any one accident.

If the total of such indemnity exceeds said Aggregate Limit of Indemnity, the Company shall not be liable to any one such Insured Person for a greater proportion of such Insured Person's Indemnity afforded by the Accidental Death and Dismemberment Indemnity than said Aggregate Limit of Indemnity bears to the total indemnities afforded by this Accidental Death and Dismemberment Indemnity to all such Insured Persons.

Policy Aggregate Limit: $250,000 per occurrence

EMERGENCY EVACUATION

BENEFIT MAXIMUM $100,000

Emergency Evacuation must be coordinated through AIG Assist [See *Note with instructions on page 8]. The Company will pay benefits for Covered Expenses incurred up to the maximum of $100,000 if an injury or illness commencing during the course of a trip results in the necessary emergency evacuation of the Insured Person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured Person's injury or sickness warrants the emergency evacuation of the Insured Person.

Emergency Evacuation means: **a)** the Insured Person's medical condition warrants immediate transportation from the place where the Insured 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 Insured Person's medical condition warrants transportation to the place where he or she resides (provided such residence is located in the United States or Canada except if the insured has been maintaining a residence elsewhere with his or her immediate family) 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 Insured Person. All transportation arrangements made for evacuating the insured person must be by the most direct and economical route.

Expenses for special transportation must be: **(a)** recommended by the attending physician; or **(b)** required by the standard regulations of the conveyance transporting the insured person. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water or air conveyance required to transport the insured person during an emergency evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles.

REPATRIATION OF REMAINS

BENEFIT MAXIMUM $25,000

Repatriation must be coordinated through AIG Assist [See *Note with instructions on page 8]. The Company will pay the reasonable covered expenses incurred to return the insured person's body home (to his/her Home Country) if he or she dies during the course of the trip not to exceed the maximum benefit amount of $25,000.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

With regard to Emergency Evacuation and Repatriation of Remains, **1)** Exclusions 2, 3, & 4 of the Accidental Death and Dismemberment Exclusions section shall not apply. **2)** Expenses, which are incurred by an Insured Person, shall apply only while outside his/her home or regular place of employment and which are coordinated through AIG Assist. **3)** The term "Sickness" as used herein means sickness or disease which causes a covered loss for which symptoms are manifested while the policy is in force as to the Insured Person whose sickness is the basis for claim.

SEAT BELT AND AIR BAG BENEFIT

An Additional Accidental Death Benefit of 10% will be paid, to a maximum of $15,000, if an Insured Person's death results from operating or riding as a passenger in a private passenger type automobile designed for use primarily on public roads and his/her originally equipped, factory installed, unaltered, seat belt or lap and shoulder restraint, is properly fastened at the time of loss.

Air Bag Benefit. An additional benefit will be paid if a Seat Belt Benefit is payable under the Policy and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable is the lesser of: **(1)** $15,000; or **(2)** 10% of the Insured Principal Sum.

Verification of actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s). The Insured Person must have died as a result of a "Covered Accident."

Automobile – means a self-propelled private passenger motor vehicle with four or more wheels, which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional or business purposes, a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle, which is used in mass or public transit.

Supplemental Restraint System –means an air bag, which inflates for added protection to the head and chest areas.

No benefit will be paid if the Insured Person was involved in the commission of, or attempt to commit a crime or felony, of if the Insured Person was under the influence of alcohol or any drug or narcotic unless administered on the advice of a qualified licensed physician.

EXCLUSIONS

With respect to Accidental Death and Dismemberment Expenses, Emergency Evacuation and Repatriation of Remains, no benefits shall be payable with respect to expenses incurred:

(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 otherwise provided. See Description of Coverage Section;

(6) Service in the military, navel or air service of any country;

(7) Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;

(8) Flying in any rocket-propelled aircraft;

(9) Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting, bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company.

(10) Flying in any aircraft, which is engaged in any flight, which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by the Company.

(11) White Water Rafting.

DESCRIPTION OF COVERAGE

Coverage is provided during the course of a trip sponsored by the Policyholder.

Such trip shall be deemed to have commenced when the insured person leaves his/her country of permanent residence for the purpose of going on such trip, and shall continue until such time as he/she returns to his/her country of permanent residence.

Such insurance includes such injury sustained during such trip while the insured person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

(1) any civilian aircraft having a current and valid airworthiness certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him/her to pilot such aircraft; or

(2) any transportation type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country;

provided that this coverage shall not apply while such insured person is riding in any civilian or military aircraft other than as expressly described herein, unless previously consented to in writing by the Company.

GENERAL PROVISIONS

Notice of Claim: Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

Claim Forms: The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

Proofs of Loss: Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which the policy provides any periodic payment content upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss.
Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Time of Payment Claims: Indemnities payable under the policy for any loss other than loss for which the policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed therein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding $1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitable entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by the policy on account of hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof on such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

Physical Examination and Autopsy: The Company at its own expense shall have the right and opportunity to examine the person or any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder, and to make an autopsy in case of death, where it is not forbidden by law.

Legal Actions: No actions at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Conformity With State Statutes: Any provision of the policy, which on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued is hereby amended to conform to the minimum requirements of those statutes.

NOTE: This is only a brief description of the benefits of this plan. The policy shall provide the only basis for coverage and claim.

HOW TO FILE A CLAIM

A. Obtain the appropriate claim form.

B. For medical claims, all medical bills must be itemized and clearly indicate:

- the patient's name
- diagnosis
- type of treatment
- date of service
- charges made by the provider for services rendered.

C. Mail the completed and signed claim form to:

WM Mobilization
Insurance Claims Representative
17001 Prairie Star Parkway
Lenexa, KS 66220

D. Questions on completing form and submission, call 1-913-577-0500 x 2953.

ASSISTANCE SERVICES

The following services are available to you on a 24-hour basis when you travel a distance of 100 miles or more away from your primary residence or permanent place of assignment.

- **Medical Assistance:** includes locating medical facilities, physicians; verify insurance coverage; communicating with family members and personal physician.

- **Emergency Medical Evacuation/Repatriation Services:** Qualified physicians are on hand 24 hours a day to consult with local attending physicians, ensuring proper medical treatment. Should evacuation to an alternative medical facility be deemed medically necessary, arrangements will be made for air and land transportation, including passage on an air ambulance by a qualified staff member. A qualified staff member will also make arrangements for the repatriation of the deceased.

- **Legal Assistance:** Legal council is available to any covered traveler who may be arrested for a non-criminal action. Other legal services, which include finding English-speaking attorneys or replacing lost or stolen documents, are also available.

Please note that most countries will insist you make payment at the time of treatment. For any amounts under $500.00 USD, the individual or team is expected to cover these charges. For larger sums, the Field or Regional office **may be able to** assist you with payment.

If at any time an individual is hospitalized contact our office as soon as possible.

During normal business hours:
913-577-0500 x 2953
After hours and weekends:
816-699-5420

GLOBAL INSURANCE PROGRAM

Designed For:

CHURCH OF THE NAZARENE

Underwritten By:

**THE INSURANCE COMPANY
OF THE
STATE OF PENNSYLVANIA**

**A Capital Stock Company
Incorporated, 1794
Philadelphia • PA**

**A MEMBER COMPANY OF
AMERICAN INTERNATIONAL GROUP, INC.**

AIG INTERNATIONAL SERVICES, INC.

POLICY NUMBER: 1190-901 84 67-A

GROUP: **Church of the Nazarene**

PARTICIPANT:

_____
Signature

The person named is eligible for certain Services and Benefits as outlined in the Service Agreement provided to the Group.
***Note: Before obtaining Medical Evacuation, Security Evaluation, or Repatriation Assistance call the appropriate number below.**
If necessary, call collect.

If in the United States or Canada call
1-800-626-2427
If outside the United States or Canada call
0-713-267-2525

WORLDWIDE COVERAGE