UMCOR
United Methodist Committee On Relief

Know Before You Go

UMCOR West Office and Depot

UMCOR West ■ 1479 South 700 West ■ Salt Lake City, UT 84104

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April 2009

Introduction

Dear Friend of UMCOR West Office and Depot,

Greetings and thank you for considering us as you plan your next mission experience. As the newest UMCOR depot (opened in May of 2009), and in the tradition of the United Methodist Church, please know that we are committed to being in relationship with and reaching out in service to others in times of distress.

UMCOR West is a 22,000 square foot depot that stores much needed disaster relief supplies that are sent state side and abroad in times of disaster and war. Volunteers at UMCOR West are vital to the success of this ministry. Here at the depot, individuals and groups gather, assemble, package and shelve relief supply kits for future shipping. Moreover, some of our volunteers will be asked to help with other projects here at the depot and in the Salt Lake Valley. We are eager to count you among the many who have made a difference in the lives of thousands of hurting people around the world.

UMCOR West offers opportunities to serve for short-term (one-week) mission teams, one-day local volunteers, and a limited number of long term volunteers.

Volunteers interested in serving UMCOR West Office and Depot for an extended term can apply for long term volunteer (LTV) opportunities. Lengths of service range from one month to several months, depending on need. Anyone interested in being a LTV may contact the UMCOR West Office and Depot director at 801-973-7250.

And finally, UMCOR West Office and Depot is committed to providing and healthy and safe environment in which to serve God. UMCOR West is a drug and smoke-free facility and abides by the United Methodist Church's Safe Sanctuary policies.

Again, thanks for all of your support and service.

Grace and Peace,

Rev. E. Brian Diggs, UMCOR West Office and Depot Director

Leadership Responsibilities

UMCOR West welcomes teams of all ages, backgrounds, and size. We serve ecumenical intergenerational groups, youth fellowships, college students, adult groups, and church, district and conference teams.

Due to the nature of the work at UMCOR West, one adult (at least 21 years old) must accompany every three junior high/middle school youth (12-15 years old.) The ratio for senior high youth is one adult for every five youth (ages 16-18).

Youth groups should be limited to 25 members. Adults must provide supervision of youth teams. In family groups, it is the responsibility of the parents to provide supervision of children and youth. Team leaders are responsible for any disciplinary action needed.

Costs

UMCOR West offers short-term (one week) mission experiences, as well as day-volunteer opportunities for local volunteers.

For short-term (more than one day) volunteers, a nonrefundable, nontransferable processing fee of $20 is required for each volunteer to secure the initial reservation. Until the processing fee is received, there is no guarantee of the team's securing their desired date. A reservation without the processing fee is considered as "penciled in" and is subject to cancellation should another team with their fee desire the same date.

For day-volunteers, no processing fee is required.

Important Note: The processing fee is a standalone charge and does not represent fees for lodging and meals, which the group leader is responsible for planning. The processing fee must be paid within four weeks from time of making the "penciled in" reservation; failure to do so will result in cancellation of the "penciled in" reservation.

Billing Process

- The team leader is responsible for all billing issues for the team members. Once the team leader and the UMCOR West Volunteer Coordinator agree on a date and the team count, the leader must send Sager Brown the total processing fee *within four weeks* to secure the desired dates.
- The team leader will pay the teams account with one payment; payments from individual team members will not be accepted.
- Checks should be made out to UMCOR West Office and Depot, and can be sent to 1479 South 700 West, Salt Lake City, UT 84104.

All Rates Effective March 1, 2009

Processing Fee

$20.00 per person for the processing fee

Food Services

There are no food services provided onsite at UMCOR West. There are several local restaurants and fast-food chains nearby. Volunteers may also pack their own lunches and snacks at their place of lodging (if that place has a kitchen). There is refrigerator space available, as well as microwaves and a toaster oven.

Please see the attached list of dining and housing options for more information.

Lodging Facilities

No lodging facilities will be made available onsite at UMCOR West. There are several low-cost housing options including churches, campgrounds, and lower-cost hotels within an easy drive of UMCOR West. Volunteer groups are encouraged to make housing arrangements as early as possible to ensure there will be enough space for the whole group.

Please see the attached list of dining and housing options for more information.

Donations

Because of UMCOR West's limited resources, it is helpful for teams to consider monetary donations for community project materials (perhaps $50 per volunteer) and/or kit resources (perhaps 5-10 kits per volunteer) for processing in the Depot.

Donated kits and kit components are the lifeblood of UMCOR West. Any additional kit donations from individuals, your church, or your conference are always greatly valued.

Churches outside our boundaries learn about us from our vast roster of short term volunteers. Any awareness generated for UMCOR West at the local church level is greatly appreciated.

Mission Trip Overview

The mission experience at UMCOR West varies with each group. We work hard to ensure that the experience of each group is unique and fits the group's individual needs. There are some guidelines we ask groups to follow. A good length for a short-term volunteer trip is 5 to 7 days. This allows time for education and safety training, 2-3 days of work in the depot, 1-2 days of work outside the depot in the community, and time for sightseeing and recreation.

On day one of the trip, volunteers will gather at the Depot for orientation, safety training, and prayers for the week. Work will generally begin the afternoon of the first day. Schedules during the week are flexible, but volunteers may work assembling kits in the depot, cleaning the volunteer space, or outside the depot doing work in the community with projects like the Crossroads Food-Coop or local food banks and shelters. On the final workday, volunteers will gather again for a time of reflection, worship, and planning for taking their experience to their home congregations. If members of your team have special talents or interest in helping to plan chapel services, please let us know. We'd be glad to have your help!

Required Application Forms

Team Application

This form is completed by the team leader and, along with the team processing fee, is the first form submitted to UMCOR West by the team leader. It provides UMCOR West with team information and, in conjunction with the processing fee, secures and confirms the team reservation. **The TEAM APPLICATION FORM and the total processing fee must be submitted within four weeks of making the initial "penciled in" reservation.**

Team Roster

This form is completed by the **team leader** and contains all the critical information required to set up and execute each team's mission experience. Accuracy and neatness count! Please use extreme care when completing the form to insure accuracy for our records. Special needs and concerns should include any individual volunteer's health conditions.

Mission Team Special Skills Summary

This form is completed by the **team leader** and is designed to provide UMCOR West with a list of specific team members that possess special skills or talents that could be utilized for our various special and ongoing needs. Be sure to include both work-related skills and training (construction, electrical, etc.) and skills which will be useful in the planning of worship.

Volunteer Medical Release

Each team member must complete a medical release form (parent/guardian signature is required for everyone under 19). It is advised that team members not normally carrying a medical insurance card bring a copy with them. Some area hospitals and doctors require proof of insurance before treatment.

If you have not had a **tetanus shot** in the last few years, we recommend having one prior to your arrival.

If anyone in your group has unusual or significant medical problems be sure the problem is listed on the VOLUNTEER MEDICAL RELEASE FORM and the TEAM ROSTER FORM. Advise the Volunteer Coordinator personally of the condition.

Persons must provide their own health and accident insurance covering their trip to and from UMCOR West, as well as while they are here.

Liability Release for Team Leader

This form is completed by the **team leader** and constitutes an understanding of the working relationship as a volunteer and team leader with UMCOR West. It sets out particular responsibilities assumed by the team leader and holds UMCOR West harmless from any liabilities concerned with the mission trip.

Liability Release for Short Term Volunteer

This form is completed by **each team member** and constitutes an understanding of your working relationship as a short term volunteer with UMCOR West. It sets out particular responsibilities assumed by the short term volunteer and holds UMCOR West harmless from any liabilities concerned with the mission trip.

Youth Team Policy and Covenant

This form is only for **team members under the age of 19**. Each youth under the age of 19 and their team leader must read and sign this policy attesting agreement to its contents.

Team Bill

This document is completed by the **team leader** and is utilized to calculate the mission team's charges for the mission trip.

Optional UMVIM Accident Insurance

This form is for supplemental accident insurance while on a United Methodist Volunteers in Mission (VIM) trip and is available directly from the General Board of Global Ministries. If interested, please read the directions on the form.

Payment for this insurance *goes directly to GBGM in New York* and not to

UMCOR West.

Time Schedule for Planning a Mission Trip

Making a Reservation

Once you decide to volunteer at UMCOR West, determine your team size and select *several desired dates* for the trip, as not all dates may be available.

Contact the UMCOR West Volunteer Program Coordinator at (801) 973-7250, or jmichaels@gbgm-umc.org to discuss team size and timing. Decide on a date and request the reservation be "penciled in." The reservation will not be confirmed until the processing fee is received.

Once the reservation is "penciled in" immediately mail in the PROCESSING FEE of $20 per team member and the TEAM APPLICATION FORM*, thus eliminating the risk of losing your non-confirmed reservation to another team. When the correct processing fee and team application form is received at UMCOR West, the Volunteer Coordinator will mail you a receipt. This is your confirmation.

The processing fee must be received within four weeks of making the "penciled in reservation" or your "penciled in" reservation will be cancelled.

* This form is available online at www.umcor.org.

Eight Weeks Before Arrival Date

The team leader will mail all team paperwork.

Required Paperwork

These forms are available at www.umcor.org.

1. Mission Team Roster (1)
2. Mission Team Special Skills Summary (1)
3. Medical Release (# team volunteers)
4. Liability Release for Team Leader (1)
5. Liability Release for Short Term Volunteers (# team members)
6. Youth Team Covenant (# youth team members)

Lodging Suggestions in Salt Lake City

Christ United Methodist Church
2375 East 3300 South
Salt Lake City, UT 84109
801.486.5473
(Office Hours: T-F, 9am-5pm)

Hilltop United Methodist Church
985 East 10600 South
Sandy, UT 84094
801.571.5777
hilltopumc@aol.com

Episcopal Church Center (Episcopal Diocese of Utah)
http://www.eccuevents.org/
75 South 200 East
Salt Lake City, UT 84104
801.322.4131

Dining Suggestions in Salt Lake City

There are several **fast-food** options in close-driving distance from the Depot (Sonic, Subway, McDonalds), and a variety of **pizza** places who will deliver to the warehouse. Across the street from the depot there is a sit-down Mexican restaurant (**La Frontera**), as well as a delicious, authentic Mexican take-out place called **Victor's**. You also have the option of **bringing your own lunches** to the Depot: there is a refrigerator, a microwave, and a toaster oven which you are welcome to use, as well as a conference room where you are welcome to have your lunch.

We recommend that every group who comes to visit us have at least one meal at **One World Café**. It's a socially just institution which believes that everyone should be able to eat, regardless of whether or not they have the means to pay. After eating, patrons are encouraged to pay what they can or what they believe the meal was worth into the donation box. There is always one dish that patrons can eat for free if they have no money at all. You can find out more about One World Café at their webpage: http://oneworldeverybodyeats.org/

UMCOR West

TEAM APPLICATION

UMCOR WEST OFFICE AND DEPOT

Leader's Name _____

Address_____

Street City State Zip

Daytime Phone _____ E-Mail Address _____

Evening Phone _____ Fax _____ Cell _____

Church Name _____ Church Phone _____

Church Address _____

Street City State Zip

Pastor's Name _____

Conference Name _____ Jurisdiction_____ District _____

(All correspondence will go to the leader's address unless otherwise noted.)

Reservations are accepted only if accompanied by the PROCESSING FEE. A NONREFUNDABLE, NONTRANSFERABLE processing fee of $20.00 per team member is required for each reservation. Processing fees are separate from costs for meals and lodging (these are to be arranged by the group leader). Reservations cannot be confirmed and space cannot be held unless processing fees are received at the time of the application.

TEAM SIZE _____(TOTAL NUMBER OF VOLUNTEERS INCLUDING LEADERS)

Estimate the number of people who will participate on the team. Use this number to calculate the total processing fee required ($20.00 per person). The estimated number for your team is used by UMCOR West in determining the number of additional teams that can be accepted during the same time.

THE ENCLOSED APPLICATION FEE COVERS THE FOLLOWING PERSONS:

Adults (19 years and older) _____ (Total Number) Male _____ Female _____

Youth Senior High _____ (Total Number) Male _____ Female _____

One adult must accompany every five senior high youth age 15-18.*

Junior High_____ (Total Number) Male _____ Female _____

One adult must accompany every three junior high youth age 12-14.*

Children _____ (Total Number) age range_____

One adult must accompany every youth under 12 years of age.*

Adults must provide 24 hour supervision of youth teams.

*A minimum of 2 female supervisors and 2 male supervisors must accompany each and every youth group regardless of size and more as required by the ratio.

MISSION TEAM ROSTER

Name of Church	Team Total #	Male #	Female #
Team Leader	Day Phone #	Cell Phone #	
Church Address	City	State	Zip
Date/Time of Arrival at UMCOR West	Departure Date/Time		

Full Name **For Name Tag—Please Print!**	Age	M/F	Home Mailing Address/City	ST	Zip	Special Needs/ Concerns	Releases		Covenant
							Medical	Liability	

Please make as many copies as necessary

MISSION TEAM SPECIAL SKILLS SUMMARY

Team Leader		**Phone**	
Mission Trip Dates	Arrive:		Depart:

Many diverse job assignments are always available at UMCOR West. Several skills of various levels are continually required.

Many job assignments require no special skills—just a willingness to serve God as led. These includes assembling kits, maintenance of grounds, housekeeping, depot labor, painting, and helping skilled positions as directed.

Other work assignments requiring special skills make up the rest of our needs.

Please List Special Skills …

If your team members have special skills to share (Examples: licensed fork lift operators, licensed plumbers, licensed electricians, experienced carpenters, job estimator, knowledge of Microsoft Office applications, teaching experience, and artistic and or musical talent)

Volunteer Name	Skill or Talent

If You Have Questions

Please don't hesitate to call the Depot at (801) 973-7250

UMCOR West

MEDICAL RELEASE FORM

Name			Age
Address			Home Phone ( )
City	State	Zip	Work Phone ( )
Email			

Doctor's Name		Doctor's Phone ( )
Address		
City	State	Zip
Current Medication		
Allergies (*Example: Foods? Medications? Bee/Wasp Stings?)*		

Medical Insurance Co		Phone ( )	
Insurance Agent		Policy #	
Address	City	State	Zip
Please attach copy of insurance card to this release form.			

Signed: _____

Date: _____

Complete only if team member is under age 19

Parent or Guardian_____ Phone_____

Address_____
Street City State Zip

I hereby give my permission for _____ to be treated by competent medical personnel as a result of any accident or medical emergency while involved on the UMCOR Sager Brown mission trip.

Signature_____

Date_____

Print Name _____

Relationship to Youth_____

LIABILITY RELEASE FOR TEAM LEADER

The following statement(s) constitute an understanding of your working relationship as a Volunteer with UMCOR West. Please read carefully, and sign as appropriate.

I, _____, acknowledge that I am choosing to travel to and/or perform volunteer labor for UMCOR West of my own free will; and that I will adhere to the rules, regulations, policies and procedures of this organization, and will ensure compliance by my entire team, to the best of my ability. I understand that travel to and from this location involves a certain amount of risk, which I willingly assume on my own behalf and for the group I represent.

While much of what is done at UMCOR West is relatively safe and non-strenuous, some tasks performed by volunteers may involve physical labor, heavy lifting, or other strenuous activity. If, when I or members of my group agree to work on construction or maintenance projects, on-campus or off, I am aware that some activities may take place on ladders and building structures above ground. By agreeing to perform such tasks myself, or allowing members of my group to perform them, I certify that I am, and to the best of my knowledge those participating in this manner are in good health and physically able to perform this type of work.

In the event of minors in my group, I certify that I have the appropriate parental release forms necessary to allow me to act on their behalf and, by my signature of this agreement, certify that those in my care will be bound by these same terms and conditions. I understand that it is my responsibility, and not that of UMCOR Sager Brown to verify these items are accurate.

I understand that UMCOR West is not responsible or liable for my personal effects and property and will not be responsible for the security of any item. I agree to hold UMCOR West harmless in the event of theft or loss resulting from any source or cause.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold UMCOR West, its parent agencies, as well as its officers, agents, volunteers and employees, from any and all causes of action arising from my participation in its mission and ministries, and travel or lodging associated therewith.

Signature_____Date_____

LIABILITY RELEASE FORM FOR SHORT TERM VOLUNTEER

Make additional copies for each participant as necessary

The following statement(s) constitute an understanding of your working relationship as a Volunteer with UMCOR West. Please read carefully, and sign as appropriate.

I, _____, acknowledge that I am choosing to travel to and/or perform volunteer labor for UMCOR West of my own free will; and that I will adhere to the rules, regulations, policies and procedures of this organization, and will ensure compliance by my entire team, to the best of my ability. I understand that travel to and from this location involves a certain amount of risk, which I willingly assume.

While much of what is done at UMCOR West is relatively safe and non-strenuous, some tasks performed by volunteers may involve physical labor, heavy lifting, or other strenuous activity. If, when I or members of my group agree to work on construction or maintenance projects, on-campus or off, I am aware that some activities may take place on ladders and building structures above ground. By agreeing to perform such tasks myself, I certify that I am, and to the best of my knowledge those participating in this manner are in good health and physically able to perform this type of work. I acknowledge that I am engaging in this project at my own risk, and willingly assume all responsibility for any damage and/or injury to myself and my personal property, which I may sustain while involved in this project, as well as any related medical costs or expenses.

I understand that UMCOR West is not responsible or liable for my personal effects and property and will not be responsible for the security of any item. I agree to hold UMCOR West harmless in the event of theft or loss resulting from any source or cause.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold UMCOR West, its parent agencies, as well as its officers, agents, volunteers and employees, from any and all causes of action arising from my participation in its mission and ministries, and travel or lodging associated therewith.

Signature_____ **Date**:_____

***Parent or Guardian**: _____ **Phone**: _____

*Parent/guardian's signature is required on this form if participant is under 19 years of age.

YOUTH TEAM POLICY AND COVENANT
FOR VOLUNTEERS UNDER AGE 19

Team leaders and adult chaperones are responsible for their youth at all times.

There must be at least one adult per three middle school youth or one adult per five high school youth at all times, i.e. on work sites, in the volunteer space, off site, etc.

Clothing

We are here to fellowship and work. Clothing should not detract from those purposes. We encourage the use of old clothes and shoes that can get dirty or get paint on them. If a youth or adult wears clothing deemed to be inappropriate (revealing tops, shirts, blouses, shorts, pants, skirts or dresses or slogans or words with a non-Christian message), they will be asked to change clothes into something more appropriate.

Controlled Substances

Use of any alcohol, tobacco, or drugs (except for prescribed medical purposes) will not be tolerated. All prescribed medications brought on campus must be in their original containers. Each team will have a designated adult chaperone keep possession of and be responsible for the distribution of prescription medications for youth 18 years and younger.

Physical Contact

Physical contact between youth and/or adults on the UMCOR West campus or work sites will be limited to holding hands, touching the head or shoulders and/or a side-on hug of the shoulders. Further public displays of affection or acts of bullying or intimidation will not be tolerated. UMCOR West has a Safe Sanctuary Policy and all volunteers will receive training.

Sleeping / Visiting and Quiet Times

Youth Leaders will be responsible for determining sleeping and visiting rules and quiet times at the lodging site.

Youth teams may be sent home at the discretion of the Executive Director for violations of the above guidelines.

Youth Team Member's Covenant

As a participant of a mission team at UMCOR Sager Brown, I, the undersigned, will cooperate with the leaders of my team and UMCOR Sager Brown. I will involve myself with the activities offered. I will not bring any type of weapon(s), or use any alcohol, tobacco, or drugs (except for prescribed medical purposes). I will act and speak in a way consistent with Christian values.

Youth Team Member's Signature _____ Date _____

I have read the above and agree to abide by UMCOR Sager Brown Youth Team Policy.

Team Leader Signature _____ Date _____

Mission Volunteers Office
475 Riverside Dr., Suite 330
New York, NY 10115
Tel (212) 870-3825
Website: http://missionvolunteers.org

UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION
Please print legibly in black or blue ink, and sign the Release of Liability. Couples must fill out separate forms. Reproduce as needed.

__Rev./ __Dr./ __Mr./ __Mrs./ __Ms. _____
First Name Middle Initial Last Name

Birth date (month/day/year) ___/___ /___ Member Church (Name & City) _____

Home Street Address (including apartment #), or PO Box _____

City, State & Zip Code (+ additional 4 digit zip code if known) _____

Phone # (_____) _____ E-mail address _____

Beneficiary: [ ]Estate/My Will [ ]Name _____ Relationship to you _____

Date of Departure (month/day/year) ____/____/____ Date of Return (month /day/year) ____/_____/____

Sponsoring organization (e.g.local church, Conf.) _____ UMVIM project name _____

Type of team: Medical ____ Construction ____ Other (specify): _____

Destination (if in the U.S., city & state; if abroad, name of country) _____

Team Leader / Coordinator 1 _____ 2 _____

These are legal statements, and you may wish to review them with an attorney:

RELEASE OF LIABILITY (this must be signed *BY APPLICANT* for application to be valid & for applicant to receive insurance coverage)
I understand that the General Board of Global Ministries of The United Methodist Church assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer in Mission, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church and hold it harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed _____ Date _____ / _____ / _____
(*If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required*)

Witnessed by _____ Date _____/ _____ / _____

PRIVACY RIGHTS
By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signatured request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult http://gbgm-umc.org/vim/mvdb/policy.htm.

Signed _____ Date _____ / _____ / _____
(If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

NOTES: 1) This insurance policy is for participants in UMVIM work projects which are either listed in the Jurisdictional & Mission Volunteers websites (see http://gbgm-umc.org/vim/umvimmap.htm), Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure, in 1 batch (*not separately*), & pay with 1 check (*not separate checks*). Check should accompany applications. 3) Attach cover sheet stating a) team leader's or coordinator's name, address, phone, & email, b) destination, c) **names & # of persons per each distinct set of dates of coverage** (i.e. having same dates of departure AND return), as letter of coverage is drawn up per # of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at $.75 per person per day, including days of departure & return (in subtracting departure from return date, add 1 to the difference to get correct # of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, **Room 330**, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage. (7/12/07)

Accident Insurance Policy
Issued to the Mission Volunteers Program Area
By the Federal Insurance Company of the Chubb Group
For Participants in United Methodist Volunteers in Mission (UMVIM) Projects

Note: There is a deductible of $250. This insurance policy is intended for those working in UMVIM projects, including travel to and from. UMVIM projects are defined as those projects which are either listed in the Jurisdictional & Mission Volunteers websites (see http://gbgm-umc.org/vim/umvimmap.htm), Advance specials, or involve working with GBGM missionaries. It is not intended for language study (except when required by the Individual Volunteer program) or non-work trips.

Cost of Coverage:
BEGINNING JANUARY 1, 2005, THE COST OF COVERAGE IS $0.75 PER PERSON PER DAY, INCLUDING DAY OF DEPARTURE AND DAY OF RETURN.

Outline of Coverage:
Medical expenses for an injury due to an accident: If an accidental bodily injury results in an insured person requiring medical care and treatment, the policy will pay the reasonable and customary medical expenses of medically necessary medical services up to $10,000, subject to a deductible of $250. Medical services means the costs for medically necessary treatment by a physician or dentist, hospital room & board, use of an ambulance, drugs, medicines, diagnostic tests & x-rays, treatment performed by licensed medical professional (if hospitalization would have otherwise been required), rental of durable medical equipment like wheel chairs or hospital beds, prosthetic appliances, orthopedic appliances or braces. It does not apply to charges for which the Insured Person has no obligation to pay, eyeglasses, other vision & hearing aids, and artificial limbs.

Accidental death and dismemberment benefit: If accidental bodily injury causes the following losses w/i one year of the date of the accident which are not otherwise excluded, the policy will pay indicated percent of the principal sum of $60,000 for: loss of life, 100%; loss of speech & hearing, 100%; loss of speech & one of: hand, foot or sight of an eye, 100%; loss of hearing & one of: hand, foot or sight of an eye, 100%; loss of both hands, both feet, sight of both eyes or a combination of any two of a hand, a foot, or sight of an eye, 100%; loss of one hand, one foot, or sight of an eye, 50%; loss of speech or hearing, 50%; loss of thumb & index finger of same hand, 25%.

Medical evacuation & repatriation: If accidental bodily injury, disease or illness causes an insured person to require a physician-ordered medical evacuation and/or repatriation, the policy will pay for covered expenses incurred up to maximum amount of $100,000. The assistance services administrator, Medex Assistance Co., must approve evacuation/repatriation. Covered expenses include costs for evacuation, transportation, medical supplies & services, but not expenses incurred if travel is against advice of a physician, for the purpose of obtaining medical treatment or due to normal pregnancy or resulting child birth. Medex operates a 24-hour toll-free emergency telephone assistance service. To access emergency assistance services while traveling, please call one of the following emergency tel. #s: 1-800-527-0218 from w/i US, Canada, Puerto Rico or US Virgin Islands, or 410-453-6330 collect from anywhere else in the world. Maximum limit of insurance/aggregate: $500,000 per accident.

Exclusions: These include loss occurring while insured is in, entering or exiting any aircraft owned, leased or operated by his or her employer or on behalf of employer; loss occurring while insured is in any aircraft while acting or training as a pilot or crew member (this does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency); loss caused by or resulting from insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions (this does not apply to loss resulting from bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria); loss resulting from suicide, attempted suicide or loss intentionally self-inflicted; loss caused by or resulting from declared or undeclared war, but war does not include acts of terrorism; loss while insured is participating in military action with Armed Forces of any country or established international authority.