### **CAMPERS' COVERAGE**

(International) Group Special Risk Policy Underwritten by:

National Union Insurance Co. of Pittsburgh

Plan Summary for the General Conference of Seventh-day Adventists by:

Adventist Risk Management, Inc. 12501 Old Columbia Pike, Silver Spring, MD 20904-6600

**Who is Eligible?** All campers of the Policyholder. The policy holder being the Seventh-day Adventist Church

The Benefits Insured persons are covered for the following:

Medical Primary Coverage; \$0 deductible; \$2,000 Covers:

Each Accident

**\$2,000** Each of the Following Dreaded Diseases

Polio Leukemia Thyphoid Rabies

Tetanus Encephalitis Tularemia Scarlet Fever

Diphtheria Spinal Meningitis

Accident Death \$2,000 Principal Sum

\$2,000 Loss of two Limbs; Loss of one Limb & Sight in one Eye or Both Eyes

**\$1,500** Loss of One Arm or One Leg

\$1,000 Loss of One Hand or One Foot; or Sight of One Eye

**Exclusions** The following incidents are not covered under this policy...

Accident occurring while traveling in aircraft other than as a fare paying passenger

Dental Treatment except that which results in damage to natural teeth due to injury

Replacement of Eyeglasses or Prescriptions

Services Rendered by Nurse or Physician in employment of Camp

Maternity Expenses

NB. This is a summary only of the policy. Any discrepancy between the provisions of this summary and those of Master Policy the Master Policy will govern in all cases.

### PATHFINDER'S CLUB MASTER ACCIDENT POLICY

### **INTERNATIONAL**

Underwritten by The Insurance Company of Pennsylvania

Policy #9017445

Who is Eligible? All Pathfinders Clubs named in the schedule Unit Leaders and Committee Men

What are the Benefits? Plan pays benefit to policyholder if participant suffers Loss of Life or other named specific loss due to accident while engaging in Youth Group Activities

Maximum Amounts \$5,000 Loss of Life or Specific Loss

• \$1,000 Physician, Surgeon Hospital Expense

## **Specific Loss**

Loss of Both Hands or Both Feet 100% Benefit Amount

Loss of the Entire Eyesight of Both Eyes 100% Benefit Amount

Loss of One Hand and One Foot 100% Benefit Amount

Loss of One Hand and Sight of One Eye 100% Benefit Amount

Loss of One Foot and Sight of One Eye 100% Benefit Amount

Loss of One Arm or One Leg 75% Benefit Amount

Loss of One Hand or One Foot 50% Benefit Amount

Loss of the Entire Sight of One Eye 50% Benefit Amount

Exclusions include suicide, riding in an unauthorized vehicle

Hernia Replacement of Eyeglasses

Return this form to:

Adventist Risk Management, Inc.

Attn: Personal Risk Services

12501 Old Columbia Pike, Silver Spring, MD 20904

(301) 680-6931 Fax (301) 680-6937

# INTERNATIONAL PATHFINDER APPLICATION

| DIVISION                    | UNION                               | CLUB                            |                           |  |
|-----------------------------|-------------------------------------|---------------------------------|---------------------------|--|
| ACADEMY, LOCAL C            | HURCH GROUP OR INDI                 | VIDUAL (Name, Address of        |                           |  |
| (Local churches, PLEAS      | SE be sure to list the name o       | f your conference above)        |                           |  |
| Contact Name:               | Ac                                  | Address:                        |                           |  |
| Telephone No.:              |                                     |                                 |                           |  |
| NAME (Each participant must | be listed separately beginning with | Group Leader. Please attach add | itional sheets as needed) |  |
|                             | _                                   |                                 |                           |  |
|                             | _                                   |                                 |                           |  |
|                             | _                                   |                                 |                           |  |
|                             | _                                   |                                 |                           |  |
|                             | _                                   |                                 |                           |  |
| _                           | _                                   |                                 |                           |  |

Eligibility - All active members, leaders and committee men of the Unit of the Policyholder.

Coverage - While participating in or attendance at any regularly approved unit activity as a group, under the supervision of the duly designated unit leader, or;

While traveling directly to and from such regularly scheduled and approved group activity with other members of the unit as group provided such group is at the time under the supervision of the proper authority of the unit, or;

While traveling directly to and from the insured Members residence and meeting place for the purpose of participating in such regularly scheduled unit activity.

### **BENEFITS/LIMITS**

|  | Option I           | Option II          | Option III          | Option IV           |
|--|--------------------|--------------------|---------------------|---------------------|
| Accidental Death & Dismemberment                             | \$5,000<br>Maximum | \$5,000<br>Maximum | \$20,000<br>maximum | \$20,000<br>maximum |
| Accident Medical Expense – Primary Coverage - \$0 deductible | \$1,000            | \$2,000            | \$2,000             | \$2,000             |
| Rate Per Person  | \$1.00             | \$1.75             | \$1.25              | \$2.00              |