

# TRAVEL INSURANCE

Royal Servants requires all participants to be covered by health insurance during the entire mission trip (Training Camp and overseas). While your domestic health insurance may cover international medical expenses, it does not cover medical evacuation or additional costs that may arise from an illness or injury. Royal Servants purchases travel insurance for each participant as part of the cost of the mission trip. The plan will cover many, but not necessarily all expenses in the event of a serious medical emergency. All expenses incurred that are not covered under this basic plan will be the responsibility of the participant or legal guardian. **Therefore, we strongly recommend that you consider purchasing a plan with higher limits than the insurance purchased by Reign Ministries, especially in the area of emergency evacuation.**

The travel insurance policy purchased by Reign Ministries is issued through Faith Ventures, which is a collaboration of Brotherhood Mutual Insurance Company. Faith Ventures specializes in mission trip insurance. Below is a brief summary of the three plans Faith Ventures offers. Royal Servants purchases the Basic Plan for each participant. We recommend that you consider upgrading to the Plus Plan or Premium Plan listed below and the additional cost will be added to the cost of your trip. Royal Servants will purchase each participant's plan as a group prior to the start of the mission trip.

You may also consider purchasing your own travel insurance from whichever insurer you wish.

Please note that while Royal Servants is purchasing insurance for each participant, we are not insurance agents. Therefore, we will not be able to answer questions about the plans offered by Faith Ventures or any other insurance agencies. **Please go to [faithventures.com](http://faithventures.com) for more details on their policies, or contact them by phone (800.876.4994) or email ([contact@faithventures.com](mailto:contact@faithventures.com)) with specific questions regarding their coverage.**

TRAVEL INSURANCE  
Due by May 15, 2019

Please fill out and return the form below to Reign Ministries with your travel insurance choice.

<b>Basic Plan \$29</b> Cost added to your trip: \$0	<b>Plus Plan \$43</b> Cost added to your trip: \$14	<b>Premium Plan \$53</b> Cost added to your trip: \$24
<b>COVERAGES</b> Accidental Medical Expense - <b>\$25,000</b> Dental-\$750 Illness Medical Expense-\$25,000 Emergency Evacuation-\$50,000 Security Evacuation-\$100,000 Baggage & Personal Effects Loss-\$500 Baggage Delay-\$50 Type of Trip- <b>Single Trip</b> Trip Length- <b>Up to 60 days</b>	<b>COVERAGES</b> Accidental Medical Expense - <b>\$35,000</b> Dental-\$750 Illness Medical Expense-\$35,000 Emergency Evacuation-\$300,000 Security Evacuation-\$100,000 Baggage & Personal Effects Loss-\$1,000 Baggage Delay-\$100 Type of Trip- <b>Single or Multi-Trip</b> Trip Length- <b>Up to 90 days</b>	<b>COVERAGES</b> Accidental Medical Expense - <b>\$50,000</b> Dental-\$750 Illness Medical Expense-\$50,000 Emergency Evacuation-\$500,000 Security Evacuation-\$100,000 Baggage & Personal Effects Loss-\$2,000 Baggage Delay-\$200 Type of Trip- <b>Single or Multi-Trip</b> Trip Length- <b>Up to 180 days</b>

Go to [faithventures.com](http://faithventures.com) for complete coverage information.



Participant Name \_\_\_\_\_ Team \_\_\_\_\_

Yes, I would like to purchase a higher-limit travel insurance plan. I understand that the additional fees will be added to the cost of the trip.

I would like to upgrade to the:

\_\_\_\_ Plus Plan: \$14 will be added to my trip cost

\_\_\_\_ Premium Plan: \$24 will be added to my trip cost

No, I will stay with the Basic Plan

By signing below I acknowledge that Royal Servants will be purchasing the Basic Plan through Faith Ventures for \_\_\_\_\_ (name of participant). If I checked "YES" above, I agree to paying the additional cost of my chosen plan. If I checked "NO" I understand that Royal Servants strongly recommended that I upgrade the plan for additional protection. I have chosen not to or will do so on my own through a different company. I understand that I am responsible for any medical costs not covered by the travel insurance policy I choose.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Participant - or, if under 18, custodial parent / legal guardian)

Form must be received by May 15, 2019

Return bottom portion to: Reign Ministries, 5401 W Broadway Ave, Minneapolis, MN 55428