

# TRAVEL HEALTH 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 health 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 Bursch Travel. Below is a brief summary of three plan options. Royal Servants purchases the Basic Plan for each participant. We recommend that you consider upgrading to the Plus or Premium Plan listed below. You will be responsible for the additional cost payable to Bursch Travel. You may also consider other options through Bursch Travel that will include even higher limits as well as additional travel coverage such as Trip Cancellation and Trip Interruption.

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

Please note that while Royal Servants is purchasing Basic travel health insurance for each participant, we are not insurance agents. Therefore, we will not be able to answer questions about the plans offered by Bursch Travel or any other insurance agencies. **Please contact John Gossen at Bursch Travel with specific questions regarding policy coverage. You can reach John by phone at 800.645.2331 or by email at [john@burschtravel.com](mailto:john@burschtravel.com).**

<b>Basic Plan</b> Included in your Trip Cost	<b>Plus Plan</b> Your Cost: \$17	<b>Premium Plan</b> Your Cost: \$27
<b>COVERAGES</b>	<b>COVERAGES</b>	<b>COVERAGES</b>
Accidental Medical Expense - <b>\$25,000</b> Dental-\$750	Accidental Medical Expense - <b>\$35,000</b> Dental-\$750	Accidental Medical Expense - <b>\$50,000</b> Dental-\$750
Illness Medical Expense-\$ <b>25,000</b>	Illness Medical Expense-\$ <b>35,000</b>	Illness Medical Expense-\$ <b>50,000</b>
Emergency Evacuation-\$ <b>50,000</b>	Emergency Evacuation-\$ <b>300,000</b>	Emergency Evacuation-\$ <b>500,000</b>
Security Evacuation-\$ <b>100,000</b>	Security Evacuation-\$ <b>100,000</b>	Security Evacuation-\$ <b>100,000</b>
Repatriation of Remains-\$ <b>25,000</b>	Repatriation of Remains -\$ <b>25,000</b>	Repatriation of Remains-\$ <b>25,000</b>
Accidental Death & Dismemberment-\$ <b>15,000</b>	Accidental Death & Dismemberment-\$ <b>30,000</b>	Accidental Death & Dismemberment-\$ <b>75,000</b>
Missed Connection-\$ <b>500</b>	Missed Connection-\$ <b>500</b>	Missed Connection-\$ <b>500</b>
Trip Delay-\$ <b>100</b>	Trip Delay-\$ <b>300</b>	Trip Delay-\$ <b>500</b>
Baggage & Personal Effects Loss-\$ <b>500</b>	Baggage & Personal Effects Loss-\$ <b>1,000</b>	Baggage & Personal Effects Loss-\$ <b>2,000</b>
Baggage Delay-\$ <b>50</b>	Baggage Delay-\$ <b>100</b>	Baggage Delay-\$ <b>200</b>
Type of Trip- <b>Single Trip</b>	Type of Trip- <b>Single or Multi-Trip</b>	Type of Trip- <b>Single or Multi-Trip</b>
Trip Length- <b>Up to 60 days</b>	Trip Length- <b>Up to 90 days</b>	Trip Length- <b>Up to 180 days</b>
Trip Cancellation- <b>Available</b>	Trip Cancellation- <b>Available</b>	Trip Cancellation- <b>Available</b>

Contact Bursch Travel for complete coverage information. Pricing is subject to change.

Please fill out the back side and return to Bursch Travel with your travel health insurance choice.

Mail to: Travel Health Insurance c/o Bursch Travel, 220 Division Street, Waite Park, MN 56387

**Due by May 20, 2020**

**TRAVEL HEALTH INSURANCE**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Coverage (All of Training Camp through return)

Date leaving home: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date returning home: \_\_\_\_/\_\_\_\_/\_\_\_\_

Team \_\_\_\_\_ Position \_\_\_\_\_

### Travel Health Insurance Plan Choice:

- I would like to purchase a higher-limit travel health insurance plan.  
 I understand that the additional fees will be my responsibility to pay.  
I would like to upgrade to the:

\_\_\_\_ Plus Plan: \$17 additional cost

\_\_\_\_ Premium Plan: \$27 additional cost

\_\_\_\_ Other plan (Bursch Travel will contact me with options for higher limits and additional coverage. Additional cost to be determined by plan)

- I will stay with the Basic Plan.



### Mail completed form to:

Travel Health Insurance  
c/o Bursch Travel  
220 Division Street  
Waite Park, MN 56387