

# ACTIVITIES ACCIDENT

(International Campers & Miscellaneous Activities  
Summary of Coverage)

GROUP POLICYHOLDER:

**General Conference of Seventh-day Adventist and its affiliates**

POLICY NUMBER:

**00206210272**

POLICY TERM:

**April 1, 2024 – March 31, 2025**

ADMINISTERED BY:



UNDERWRITTEN BY:

**Underwriters at Lloyds, London**



## SCHEDULE OF BENEFITS AND PREMIUMS

### Eligibility & Coverage:

**CLASS I:** All Individuals who are participating in the Camp Program or Miscellaneous Activity of the Participating Organisation outside of the USA, whose names are on file with the Participating Organisation and for whom the appropriate premium has been paid and who have chosen **Option I.**

**COVERAGE:** While participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organisation. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

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**CLASS II:** All Individuals who are participating in the Camp Program or Miscellaneous Activity of the Participating Organisation outside of the USA, whose names are on file with the Participating Organisation and for whom the appropriate premium has been paid and who have chosen **Option II.**

**COVERAGE:** While participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organisation. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

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**CLASS III & III-B:** All Individuals who are participating in the Camp Program or Miscellaneous Activity of the Participating Organisation outside of the USA, whose names are on file with the Participating Organisation and for whom the appropriate premium has been paid and who have chosen **Option III & III-B.**

**COVERAGE:** While participating in a Camp Program or Miscellaneous Activity sponsored and supervised by the Participating Organisation. Coverage Includes direct travel to and from a Camp or Miscellaneous Activity.

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### Benefits Covered

This Policy provides cover only in respect of such of the following benefits as have an amount or percentage of the Principal Sum inserted against them, either in "Benefits Covered" or "Insured Persons and Benefits Covered".

Where no such amount or benefit is set forth or the words "**Not Covered**" are inserted, no insurance is provided.



SECTION	DESCRIPTION	OPTION I	OPTION II (Sum Insured)	OPTION III	OPTION III-B
<b>PART I</b>	<b>ACCIDENTAL DEATH, ACCIDENTAL LOSS OF LIMB OR SIGHT AND ACCIDENTAL PERMANENT TOTAL DISABILITY</b>				
		<b>USD\$2,000</b>	<b>USD\$5,000</b>	<b>USD\$20,000</b>	<b>USD\$20,000</b>
		<i>Percentage of the Principal Sum (Maximum 100%)</i>			
	1. <b>Death</b>	100%	100%	100%	100%
	2. <b>Loss of sight</b> of both eyes	100%	100%	100%	100%
	3. <b>Loss of sight</b> of one eye	100%	100%	100%	100%
	4. <b>Loss of limb</b> , involving two or more limbs	100%	100%	100%	100%
	5. <b>Loss of limb</b> , involving only one limb	100%	100%	100%	100%
	6. <b>Loss of sight</b> of one eye and loss of limb, involving only one limb	100%	100%	100%	100%
	7. <b>Permanent Total Disability</b>	100%	100%	100%	100%
<b>PART II</b>	<b>ACCIDENTAL TEMPORARY TOTAL DISABILITY</b>	<b>NOT COVERED</b>	<b>NOT COVERED</b>	<b>NOT COVERED</b>	<b>NOT COVERED</b>
<b>PART III</b>	<b>MEDICAL EXPENSES BENEFITS (BENEFIT PERIOD: 52 WEEKS)</b>				
	1. Each Accident	USD2,000	USD5,000	USD20,000	USD20,000
	2. Each Dread Disease	USD2,000	USD5,000	USD10,000	USD10,000
	3. Each Other Sickness	USD2,000	USD5,000	USD10,000	USD10,000
	Emergency Evacuation	<b>Not Covered</b>	<b>Not Covered</b>	<b>Not Covered</b>	USD100,000
	Repatriation of Remains	<b>Not Covered</b>	<b>Not Covered</b>	<b>Not Covered</b>	USD50,000
	Event Limit, Any One Event			USD\$500,000	

**PREMIUMS**

**OPTION I**

- \$0.54 per camper per week or a fraction thereof (1 to 8 days)
- \$0.74 per camper for 9 to 10 days
- \$0.99 per camper for 11 to 20 days
- \$1.63 per camper for 21 to 30 days
- \$2.69 per camper for 31 to 60 days
- \$3.16 per camper for 61 to 90 days
- \$9.49 per camper for 91 to 180 days
- \$11.65 per camper for 181 to maximum of 365 days

**OPTION II**

- \$0.66 per camper per week or a fraction thereof (1 to 8 days)
- \$0.95 per camper for 9 to 10 days
- \$1.18 per camper for 11 to 20 days
- \$1.97 per camper for 21 to 30 days
- \$3.20 per camper for 31 to 60 days
- \$3.68 per camper for 61 to 90 days
- \$11.05 per camper for 91 to 180 days
- \$13.58 per camper for 181 to maximum of 365 days



**OPTION III**

\$1.54 per camper per week or a fraction thereof (1 to 8 days)  
\$2.77 per camper for 9 to 10 days  
\$4.62 per camper for 11 to 20 days  
\$7.70 per camper for 21 to 30 days  
\$14.64 per camper for 31 to 60 days  
\$23.09 per camper for 61 to 90 days  
\$69.26 per camper for 91 to 180 days  
\$80.80 per camper for 181 to maximum of 365 days

**\*OPTION III-B** (Including Medical Evacuation and Repatriation of Remains)

\$1.70 per camper per week or a fraction thereof (1 to 8 days)  
\$3.04 per camper for 9 to 10 days  
\$5.08 per camper for 11 to 20 days  
\$8.47 per camper for 21 to 30 days  
\$16.11 per camper for 31 to 60 days  
\$25.39 per camper for 61 to 90 days  
\$76.18 per camper for 91 to 180 days  
\$88.88 per camper for 181 to maximum of 365 days

All rates above exclude applicable taxes and fees (CA 3.18%).

## Definitions

1. **ACCIDENT (or ACCIDENTAL)** means a sudden and unexpected event which occurs at an identifiable time and place.  
This shall also include:
  - a. Exposure to the elements following an accident to a means of transport in which the Insured Person is travelling, or
  - b. The Insured Person's disappearance and his/her body not being found within 365 days and there being sufficient evidence to lead us to the conclusion that the Insured Person sustained Bodily Injury which caused his/her death. However, in the event of the Insured Person subsequently being found to be alive, any sums which paid by us shall be refunded.
  - c. Heat strokes and
  - d. Insect bites
2. **AIR TRAVEL** means travel by an Insured Person as a passenger aboard, or boarding or disembarking from any aircraft with a current and valid standard airworthiness certificate. The aircraft must be operated by a pilot with a current and valid pilot's certificate with a proper rating to pilot such aircraft.
3. **AIR TRAVEL** does not include an Insured Person acting as a pilot, student pilot or crew member on any aircraft or the Insured Person having duties on or relating to the aircraft or flight.
4. **BODILY INJURY** means identifiable physical injury caused by an Accident. An injury is a bodily injury only if it results, within 365 days of the date of the Accident and directly and independently of all other causes, in loss for which a benefit is payable under this Policy.
5. **CAMP** means the participating Camp whose application has been accepted and has a director or person in charge of the facilities and/or activities, organised activities and programs and registered participants.
6. **COVERED CAMP ACTIVITY** is an Insured Person will be covered for losses described in this policy which are incurred while:
  - a. traveling directly without interruption to and from Camp;
  - b. attending Camp; or
  - c. participating in any regularly scheduled and supervised Camp activity.
7. **ELIMINATION PERIOD** means the number of days from the commencement of Temporary Total Disability during which no benefit is payable.
8. **INSURED PERSON(S)** means those person(s) named in the Schedule under INSURED PERSONS AND BENEFITS COVERED.
9. **LOSS OF A LIMB** means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent and total irrecoverable loss of use of hand, arm or leg.
10. **LOSS OF SIGHT** means total and irrecoverable loss of sight.
11. **MISCELLANEOUS ACTIVITY** means participating in church outings, attending choir conventions or attending group meetings.
12. **PERMANENT TOTAL DISABILITY** means that the Insured Person is totally disabled from undertaking all the material duties of any and every occupation for a continuous period of 365 days and, at the expiration of the 365-day period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.
13. **TEMPORARY TOTAL DISABILITY** means that the Insured Person is totally disabled from undertaking all the material duties of the Insured Person's normal occupation for which the Insured Person was receiving remuneration at the time of the Accident and, throughout the period of such disability, remains under the prudent care of a licensed doctor.
14. **TRIP**, as it specifically relates to the Sickness Medical Expenses and Dread Disease Expense for "in-country" activities, is defined as being 100 km or more from home and involving an overnight stay.



## Exclusions

This Policy does not cover Bodily Injury sustained by an Insured Person directly or indirectly caused by, contributed to by, or resulting from:

1. sickness or disease (except bacterial infection arising from Bodily Injury) or mental illness or emotional or psychological trauma;
2. war, whether declared or not, or any act of war or civil war; (Exclusion 2 is deleted; see War & Terrorism Clause)
3. an Insured Person taking part in Armed Forces service or operations except for Air Travel as defined in this Policy;
4. riding or driving in any kind of race;
5. travel or flight in any aircraft or aerial device except for Air Travel as defined in this Policy;
6. suicide, self-destruction, attempted suicide or self-destruction, or intentionally self-inflicted injury, while sane or insane;
  - a. any drug taken, administered or injected, except on the advice of or as directed by a licensed doctor;
  - b. any alcoholic beverage consumed by an Insured Person to the level of intoxication;
  - c. any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed or inhaled;
7. commission of or the attempted commission of a criminal act by an Insured Person;
8. voluntary exposure to unnecessary danger (except in an attempt to save human life).

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## Medical Expenses Benefit

To Pay Medical, Surgical, Specialist's Fees, Hospital, Nursing Home, Nursing Attendance Charges, Costs of Physiotherapy, Massage and Manipulative Treatment, Surgical and Medical Requisites, up to but not exceeding in all the Sum Insured shown hereon in respect of such Insured Person or Persons as may have sustained accidentally bodily injury/sickness.

All these Expenses to be necessarily incurred and arising from accidental bodily injury occurring during the period of Insurance, and incurred within 12 months of the date of accident/sickness.

### EXCLUSIONS APPLICABLE TO MEDICAL EXPENSES BENEFIT

1. Congenital defects and deformities in respect of children under three years of age.
2. Self-inflicted injury while sane, treatment of alcoholism, drug addiction, allergy, nervous or mental disorders, or venereal disease.
3. Rest cures, hospital or custodial care or periods of quarantine or isolation.
4. Cosmetic or plastic surgery unless necessitated by an accidental bodily injury/sickness occurring while insured.
5. Dental examination X-rays, extractions, fillings and general dental care except as a result of accidental injury/sickness; supplying or fitting of eye glasses or hearing aids except as a result of accidental injury/sickness.
6. Examinations for check-up purposes not incidental to, or necessary to diagnose illness or accidental bodily injury; general health examinations.
7. Any disability, or condition which originated prior to the effective date of the Insured Person's inclusion hereunder until a period of 180 days has elapsed during which the Insured Person has neither received nor required any treatment for the said disability or condition.
8. Winter Sports, Mountaineering (normally involving ropes/guides)
9. Pregnancy, childbirth, miscarriage or any disorder of the reproductive system.
10. Treatment, diagnosis or counselling directly or indirectly arising out of or consequent upon or contributed to be Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC).
11. This policy excludes coverage for COVID-19 testing and COVID-19 quarantine or isolation. COVID-19 coverage is included for inpatient hospital stay only.

### CONDITIONS OF MEDICAL EXPENSES BENEFIT

1. The amount of USD 0 shall be deducted from each claim.
2. If the Insured Person shall engage in any occupation in which greater risk may be incurred than in the occupation disclosed in this policy without first notifying the Underwriters and obtaining their written agreement to the amendment of the Policy (subject to the payment of such reasonable additional premium as the Underwrites may require as the consideration for such agreement) then no claim shall be payable in respect of any accident arising out of in the course of such occupation.



3. Any fraud, mis-statement or concealment, in the statement made by of or on behalf of the Insured Person prior to or when effecting the Insurance or any fraudulent claim made thereunder shall render the Insurance null and void and all Claims thereunder shall be forfeited.
4. Notice must be given to the Underwriters as soon as reasonably practical of any accident which may give rise to claim under this insurance.
5. Maximum Benefit period for Medical Expenses is 52 weeks only

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## General Terms and Conditions

1. Written notice of a claim must be given to us within 30 days after an Accident which causes or may cause a loss covered by this Policy, or as soon thereafter as reasonably possible. Notice given by you or your representative to our representative as stated in the Schedule, with sufficient information to identify the Insured Person and a brief description of the Accident, shall be deemed notice to us. We will send you or your representative proof of loss forms after we have received written notice of a claim.
2. Proof of loss forms must be completed and given to us within 90 days of the Accident.

**\*IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY, CONTACT THE ASSISTANCE COMPANY Collinson Group FROM OUTSIDE THE UNITED KINGDOM AS BELOW:**

TELEPHONE: +44 (0)20 7902 7400      FAX: +44 (0)20 7928 4748

EMAIL: [Opsassist@collinsongroup.com](mailto:Opsassist@collinsongroup.com)

WEBSITE: <https://www.collinsongroup.com/> who will be responsible for all decisions as to the most suitable, practical and reasonable solution.

The Assured/Insured Person must inform the assistance company that he/she is covered under this Extension and must quote the Policy number (00206210272) and the Period of Insurance (04/01/2024–04/01/2025). No claim for repatriation expenses shall be paid where the assistance company has not been involved. Emergency Evacuation and Repatriation Services are available only to those who have purchased Option III-B.