

**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**

Cost of Coverage: **\$0.0.80 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 within 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 tollfree 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.