

International Helpers (Guernsey) Trust

Volunteer Travel Summary



Charitable
Travel

“The International Helpers (Guernsey) Trust (IHT) provides a range of benefits to Trust Participants while traveling outside of the USA for charitable purposes on short-term trips. These benefits are provided by service contracts and policies issued to the IHT which form the Trust Fund that is held for the benefit of the Trust Participants.”

BENEFIT	LIMIT	COMMENTS
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or over age 70
Medical Expenses – Primary <i>(No preexisting conditions exclusion)</i>	\$10,000	Primary benefits ; \$2,500 of this limit is available to pay U.S. or Canadian providers <i>(\$100 deductible)</i>
Disability Income Benefit	\$1,000/month \$500/month \$250/month	First 100 Months — Accident Months 101–200 — Accident 50 Months — Sickness (after 3 month waiting period) <i>(no benefit if under age 12 or over age 70)</i>
Assistance Service	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Intana Global™
Emergency Medical Evacuation	\$100,000	Coordinated by Intana Global™; will bring participant back to their home country (including US) if necessary
Crisis Management Service*	Included	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by World Aware
Security Evacuation*	\$100,000	Coordinated by World Aware; for evacuation due to crime, civil unrest, natural disasters, kidnap/hostage
Family Coordination and Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation
Personal Property	\$2,500	“Door to door” replacement cost benefit includes checked baggage; higher limits available upon request <i>(\$100 deductible)</i>
General Liability	\$1,000,000	Worldwide jurisdiction; includes benefit for injury to a volunteer; covers volunteer and sending organization
Crisis Triage	Included	Available 24/7/365 for guidance and support through difficult situations; provided by Concilium
Telemedicine	Included	Provides fast and convenient care for your medical needs with no consultation fee or copay; available 24/7/365
PARTICIPATION FEE		\$3.85 per person per day

Optional Medical Benefits – can be purchased in addition to \$3.85 rate

No optional medical benefits are available for participants under age 12 or over age 70; however, there is no age restriction on purchase of the Expert Traveler Package base plan.

AGE	LIMIT	OPTIONAL BENEFIT	RATES***
12-59	\$40,000	Excess Medical Expenses – Optional <i>Preexisting conditions are Excluded.</i> <i>Includes an additional \$50,000 Emergency Medical Evacuation limit.</i>	Additional \$0.49 per diem
	\$90,000		Additional \$0.69 per diem
60-65	\$40,000	Excess Medical Expenses – Optional <i>Preexisting conditions are Excluded.</i> <i>Does NOT include an additional Emergency Medical Evacuation limit.</i>	Additional \$1.40 per diem
66-70	\$40,000	Excess Medical Expenses – Optional <i>Preexisting conditions are Excluded.</i> <i>Does NOT include an additional Emergency Medical Evacuation limit.</i>	Additional \$3.05 per diem

Optional Excess Medical Expenses are available for purchase at a daily rate in addition to the \$3.85 participation fee. No excess benefits are available to participants under age 12 or over age 70. All participants do receive \$10,000 in primary medical expenses with their base participation fee regardless of age.

Excess Short-Term Property

Personal Property up to \$2,500 is provided under the Personal Property component of this plan. Additional benefits are available for equipment accompanying you on your short-term trip. These benefits must be coupled with the purchase of this plan and must accompany an international short-term missions trip enrollment. It protects against risks of physical loss or carnage. Benefits are provided on a replacement cost basis subject to deductible and includes the following perils: fire, theft, windstorm, flood, earthquake, and war. Common Exclusions include, but are not limited to, wear & tear, mechanical breakdown, routine maintenance and recalibration. Benefits are limited to losses occurring overseas and accompanying you to or from overseas. Equipment shipped separately is not included in this plan. Please contact our office if such benefits are desired.



Mail or Email to:
 P.O. Box 2860
 Greenville, SC 29602
 P: 800.922.8438 | F: 864.239.2435
gallaghercharitable@ajg.com
www.TravelWithGallagher.com

By requesting that we enroll you or your group, you are agreeing to participate in the International Helpers (Guernsey) Trust (IHT) for certain benefits and services. The Trust Participation Agreement is attached for signature and return with enrollment. Services & Benefits are provided by service contracts & insurance policies issued to IHT.

Enrollment Form

Please Print

Contact Information

Name:

Signature:

Date:

Address:

City:

State:

Zip:

Phone:

Email:

Sponsoring Organization or Other Group:

Trip Information

Destination City:

Destination Country:

Expected Date of Departure from Home:

Expected Date of Arrival Back Home:

Total number of Days (Include date of departure and return when calculating):

- I certify that this is a missions trip, not-for-profit, or humanitarian relief travel.
- I understand all limitations and exclusions as spelled out in this brochure (including but not limited to: an epidemic or pandemic stemming from Coronavirus disease (COVID-19), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and any mutation or variation of SARS-CoV-, etc.).

Please note this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

ALL TRAVELERS must complete the Travelers Information table on the following page.

Mail or email application to:

Gallagher Charitable International Insurance Services

P.O. Box 2860 – Greenville, SC 29602

Phone: 800.922.8438 | Fax: 864.239.2435

Email: gallaghercharitable@ajg.com

Web: www.TravelwithGallagher.com

Note: By requesting that we enroll you or your group, you are agreeing to participate in the International Helpers (Guernsey) Trust for certain benefits and services. The Trust Participation Agreement is attached for signature and return with enrollment.

Volunteer Travel Benefits – Participation Fee Calculations

See Summary of Benefits to Determine Your Daily Participation Fee.

Note: Please include your departure day and return day when calculating the total number of days.

Participation Fee Computation – Standard Option						
Number of Persons		Number of Days		Person/Days	Rate	Participation Fee
	x		=		x \$3.85	

These are Optional Additional Benefits – Medical Expenses are covered up to \$10,000 under the Standard Option

Excess Medical Expenses – Enhanced Option							
Plan		Number of Persons		Person/Days		Rate	Additional Participation Fee
\$40,000 (Ages 12-59) <i>Includes an additional \$50,000 Emergency Medical Evacuation Limit</i>			x		=	X \$0.49	
\$90,000 (Ages 12-59) Includes an additional \$50,000 Emergency Medical Evacuation Limit			x		=	X \$0.69	
\$40,000 (Ages 60-65)			x		=	X \$1.40	
\$40,000 (Ages 66-70)			x		=	X \$3.05	

Emergency Medical Evacuation is covered up to \$100,000 under the Standard Option. The .49 & .69 optional benefits provide an additional \$50,000 Emergency Medical Evacuation Limit

Fee Summary	
Total Participations Fees	\$
Total Excess (Enhanced) Medical Expenses Fees	\$
TOTAL FEES FOR GROUP	\$

Payment may be made with a check through the mail or online with a debit card, credit card or e-check.

Please note a 3% handling fee is added to online payments. We are not permitted to process payments over the telephone or email.

Volunteer Travel Benefits – Participants Roster

Short-Term International Volunteer Enrollment

Participants Traveling – If additional space is needed, please attach your list of team members and travel dates.

								Check Mark if "Yes"			
	First Name (Required)	Last Name (Required)	Date of Birth (Required)	Passport Number (Required)	Beneficiary (or Estate of Insured)	Travel Start Date (Required)	Travel End Date (Required)	Excess Medical \$40,000 (Age 12-59)	Excess Medical \$90,000 (Age 12-59)	Excess Medical \$40,000 (Age 60-65)	Excess Medical \$40,000 (Age 66-70)
1.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Emergency Medical Evacuation is covered up to \$100,000 under the Standard Option. The optional coverages for Ages 12-59 provide an additional \$50,000 Emergency Medical Evacuation Limit.

International Helpers (Guernsey) Trust

“Participation Agreement”

THIS AGREEMENT made and entered into as of the ____ day of _____ 20____ by and between **ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED** and _____ (Name of Participating Individual or Group).

RECITALS

- (A) ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED has been appointed and is acting as the trustee under a Declaration of Trust titled the International Helpers (Guernsey) Trust (the "Declaration of Trust") and made by Artex Risk Solutions (Guernsey) Limited of Heritage Hall, Le Marchant Street, St Peter Port, Guernsey (hereinafter with any other trustee or trustees serving under the Declaration of Trust referred to as the "Trustee"). The purpose of the Declaration of Trust is to afford the benefit of certain services, including travel benefits, to qualifying persons, members, customers or employees of certain organisations.
- (B) _____ Participating Individual or Group (hereinafter with any successor or successors thereto referred to as the "Participant") desires to afford to himself or qualifying beneficiaries benefits of the sort available under the Declaration of Trust Sub Funds B, D, E, F & G – War Risk, International Property, Personal Accident & General Liability and Crisis Management Services of the sort available under the Declaration of Trust.

NOW THEREFORE in consideration of the mutual promises herein contained the Trustee and the Participant hereby agree as follows:

- 1 Subject to the approval of International Helpers Trust providing the travel benefits for the Participant, and the Service Provider entering into the Service Offering pursuant to which certain other services shall be provided to the Participant the Trustee agrees to permit the Participant to become a Participant under the Declaration of Trust.
- 2 The Participant agrees to be bound by:
 - 2.1 the provisions of the Declaration of Trust; and
 - 2.2 each and every provision of the Declaration of the Trust and the Service Offering.
3. The definitions contained in the Declaration of Trust shall apply in the construction and interpretation of this Participation Agreement.
4. In particular, but without prejudice to the generality of the foregoing, the Participant agrees promptly to furnish to the Trustee, the Service Provider or, if requested by the Administrator under the Declaration of Trust to do so to the Administrator, all records and other information required by the Service Provider to administer properly the Declaration and/or the Service Offering and to permit the Trustee, the Service Provider and/or the Administrator, whenever and as often as the Trustee, the Service Provider or the Administrator may reasonably require, to inspect the records of the Participant bearing on the Trust and/or the Service Offering.
5. The Participant hereby appoints the Administrator (if any) acting under the Declaration of Trust to represent the Participant in all dealings with the Trustee having to do with the Trust Fund including by way of example and not of limitation of the foregoing such matters as instructions to the Trustee, the resignation or dismissal of the Trustee and the appointment of a successor, amendment of the Declaration of Trust, the fixing and adjustment of the Trustee's fee and all other matters pertaining to the construction of the Declaration of Trust, its effect and the administration of the Trust Fund.
6. In the event that the Participant shall withdraw as a Participant under the Declaration of Trust in accordance with the provisions thereof the Participant agrees that it shall relinquish any and all claims the Participant may have on the date on which such withdrawal becomes effective or which thereafter may accrue to any portion of the Trust Fund.
7. The Trustee shall make available at its principal place of business and during normal business hours upon reasonable notice to the Participant or any one or more of the qualifying persons, members, customers or employees of the Participant an executed duplicate of the Declaration of Trust and all amendments thereto which shall at the time be in force and effect.
8. The Participant shall pay when due the cost of all fees applicable to the Participant's qualifying persons, members, customers or employees to the Trustee or its nominee. Payment shall be at the risk of the Participant.
9. The Participant agrees and warrants that no solicitations have been made to it to enter into this Participation Agreement and that its participation under the terms of the Declaration of Trust, and Service Offering is voluntary.

“Accepted on behalf of all participants on this application:”

Print Name

Date

Signature

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Limitations and Exclusions

*The cost of a security evacuation is only covered up to \$1,000 in countries and regions deemed severe risk by World Aware, unless the volunteer is already in the country and covered by this plan when the country or region is elevated to severe status. World Aware cannot guarantee service in Severe Risk areas. If you have questions about the risk level of your destination country, please contact us.

While World Aware will deploy a specialist or negotiator as needed, this benefit **does not pay ransom amounts.

***Optional Excess Medical Expenses are available for purchase at a daily rate in addition to the \$8.95 participation fee. **No excess benefits are available to participants under age 12 or over age 70.** All participants do receive \$10,000 in primary medical expenses with their base participation fee regardless of age.”

This brief summary is not an insurance policy; rather, it outlines some of the features of these benefits. An Aggregate Limit of \$20,000,000 applies to the above benefits. This limit provides the full \$100,000 AD&D benefit for up to 200 persons in a common accident.

This program does not accept any claim in any way caused by or resulting from:

- a) Coronavirus disease (COVID-19);
- b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
- c) any mutation or variation of SARS-CoV-2.

Coronavirus, epidemic and/or pandemic:

Regardless of any provision to the contrary, the policy excludes any liability directly or indirectly caused by or resulting from, arising out of or in connection with or attributable to:

- a) any coronavirus (or similar or equivalent virus in the future), including any mutation or variation of a coronavirus;

- b) any coronavirus disease (or similar or equivalent disease in the future);
- c) any epidemic or pandemic which poses a threat to human health or human welfare whether officially declared an epidemic or pandemic or not; or
- d) any fear or threat of a), b) or c) above.

NEW! Telemedicine

Benefits now include telemedicine. Doctors are available 24/7 to treat conditions such as infections, cold/flu, respiratory infections, sore throat, allergies, bronchitis, urinary tract infections, pink eye, abdominal pain, ear infections, rashes/poison ivy and many more, providing fast and convenient care for your medical needs with no consultation fee or copay.

Sending organization should ensure parental consent if participant is under 18 years of age.

NEW! Crisis Triage

Benefits now include crisis triage. Crisis Triage provides guidance and support throughout any difficulty you may find yourself in during travel. If an evacuation is needed and desired, Concilium will be instrumental in assisting you in the process. They have extensive experience working with missions and nonprofit groups and will help the caller determine their options. Please note, the procedure of calling Intana Global has not changed as your call will be redirected to Concilium for crisis triage.

Claim Provisions

To help facilitate prompt payment of claims, you should report all claims as soon as possible directly to:

Gallagher Charitable International Insurance Services
P.O. Box 2860
Greenville, SC 29602
Phone: 800.922.8438 | Fax: 803.252.1988
gcclaims@ajg.com

Written notice of claim must be given to us within 30 days after an injury, illness or loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible. The notice must include the claimant's name, your name and the confirmation number.