

# Linking Arms Association

## Travel Accident Benefits Within the U.S. and Canada



Insurance | Risk Management | Consulting

Travel accident protection for groups performing mission activities within the U.S., its Territories, and Canada

### NEW BENEFIT – Telemedicine: Call a Doctor 24/7

#### Benefits

Basic travel protection for travelers: short-term serving 30 days or less; long-term serving 30 days or more.

- The accidental death and dismemberment benefit for those under age 10 and Age 70+ is \$10,000.
- The permanent disability benefit is not applicable to those under age 10 and age 70+.
- Those under age 10 are eligible for Plan “A” only.

This is basic travel protection at a competitive cost for mission activities and related projects within the U.S. and Canada. Benefits become effective for each eligible person on the date a completed enrollment form is received by the company and are provided for covered activities only. Benefits end on the earlier of the termination dates or the date the person ceases to be eligible.

#### Accidental death and dismemberment benefit and paralysis benefit

If injury to the person shall result in one of the following losses within 365 days from the date of covered accident, the company will pay the percentage of the principal sum specified below:

| LOSS OF                                       | PERCENTAGE OF PRINCIPAL SUM |
|---|-----------------------------|
|   | Plan A+ and A               |
| Life  | 100%                        |
| Two hands, two feet or the sight of both eyes | 100%                        |
| One hand and one foot                         | 100%                        |
| One hand and the sight of one eye             | 100%                        |
| One foot and the sight of one eye             | 100%                        |
| One hand, one foot or the sight of one eye    | 50%                         |
| Thumb and index finger                        | 25%                         |
| Quadriplegia                                  | 300%                        |
| Paraplegia                                    | 200%                        |
| Hemiplegia                                    | 100%                        |

“Loss” shall mean, with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight of any eye, the entire and irrecoverable loss of sight thereof; with reference to thumb or index finger, severance through or above the metacarpophalangeal joint; with reference to quadriplegia, the complete and irreversible paralysis of both upper and lower limbs; with regard to paraplegia, the complete and irreversible paralysis of both lower limbs; and with regard to hemiplegia, the complete and irreversible paralysis of upper and lower limbs on one side of the body. If more than one of such specified losses shall result from the same accident, only one amount, the largest, shall be paid.

#### Permanent total disability benefit

When, as the result of injury and commencing within 90 days of the date of accident, a person is **totally and permanently disabled** and prevented from engaging in each and every occupation or employment for compensation or profit for which reasonably qualified by education, training or experience, the company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the principal sum less any amount paid under the accidental dismemberment indemnity benefit as a result of the same accident, at a rate of 1% per month for 100 months.

#### Accidental medical expense benefit

If injury to the person shall require treatment by a physician, the company will pay the usual and reasonable covered expenses actually incurred after the satisfaction of the deductible for such services, treatment or supplies up to the maximum amount, provided the first expense is incurred within 30 days of the accident causing injury. The expenses must be incurred within 52 consecutive weeks after the date of accident.

- There is a **sickness** sublimit of \$2,500 provided under **Plan A+ and A only**.
- There is an **emergency transportation** benefit of \$25,000 provided under Plan A+ and A only.

**Medical and transportation benefits are payable only in excess of any expenses payable by other valid and collectible protection. Benefits cannot be combined and will not exceed the limits outlined under any circumstance.**

Services must be approved by the attending physician and include but are not limited to the following: charges for semiprivate hospital room and board, use of the operating room, emergency room and ambulatory medical center; fees of physicians; medical expenses (in or out of the hospital) including lab tests, prescription medicines, anesthetics, artificial limbs or eyes, ambulance service, therapeutics, transfusions, x-rays and prosthetic appliances; and charges for registered nurse.

The aggregate limit of indemnity of \$1,000,000 shall be the total limit of the company's liability for all indemnities payable with respect to all persons arising out of injury sustained by two or more persons as the result of any one accident.

### Personal Property

We now offer personal property benefits with the selection of Plan **A+**. This plan level includes a **\$2,500** maximum limit per individual for lost, stolen or damaged baggage and personal effects. There is a \$100 deductible per occurrence. The aggregate limit is \$2,000,000.

### NEW! Telemedicine

Benefits now include telemedicine. Doctors are available 24/7 to treat conditions such as sinus 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.

| PLAN DESIGN AND RATES                          | PLAN A+         | PLAN A          |
|--|-----------------|-----------------|
| <b>PRINCIPAL SUM</b>                           |                 |                 |
| Accidental death and dismemberment             | \$100,000       | \$100,000       |
| Accidental medical expense                     |                 |                 |
| Maximum amount                                 | \$10,000        | \$10,000        |
| Deductible per occurrence accident             | \$50            | \$50            |
| <b>Telemedicine</b>                            | <b>Included</b> | <b>Included</b> |
| Sickness medical expense                       |                 |                 |
| Maximum amount                                 | \$2,500         | \$2,500         |
| Deductible per occurrence sickness             | \$50            | \$50            |
| Emergency transportation expense reimbursement | \$25,000        | \$25,000        |
| Personal property                              | \$2,500         | n/a             |
| Deductible per occurrence                      | \$100           |                 |
| Cost per day of services                       | \$2.68          | \$1.51          |

**Note: Those under age 10 are eligible for Plan A only.**

### Exclusions

Does not cover any loss, fatal or nonfatal, incurred for or resulting from the following: suicide or any attempt thereof while sane or self-destruction or any attempt while insane; infections except pyrogenic infections caused wholly by a covered injury; war or any act of war, or accident occurring while in the military, naval or air service of any country; accident occurring while the person is operating, learning to operate or performing the duties as a member of the crew of any aircraft; dental treatment except as a result of injury to sound natural teeth; replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless injury has caused impairment of sight; injury for which the person is entitled to benefits under any workers' compensation act or law or any similar legislation; hernia of any kind; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

This policy does not cover any claim in any way caused by or resulting from:

## Definitions

“Injury” shall mean bodily injury caused by an accident and occurring while benefits are in force. “Locations” include United States, Canada, Puerto Rico, Guam, American Samoa, Northern Mariana Island, and the Virgin Islands.

## Enrollment Procedure

The enrollment form should be completed fully by the group leader, travel agent or individual, and the original copy returned with your payment to Gallagher Charitable. We suggest that this enrollment be completed well in advance of your term of service. You can return your completed application to [gallaghercharitable@ajg.com](mailto:gallaghercharitable@ajg.com) for review and processing.

## Benefits

In the event of a loss, contact the GCIIS Claims Department for applicable forms.

Please complete accident report and attach bills or other information. Sign the form and have the physician’s statement completed. On any accident medical expense claims, indicate your primary policy number, employer’s name, insurance carrier’s name, claims office address and phone number. Remember that the accident medical expense **is in excess of other protection** you may have.

When writing or calling us about benefits, please identify yourself as a **USA/Canada** volunteer and identify the city and state of both your home and mission, sponsoring group, and dates of your particular mission so that we may promptly identify you and confirm your benefits.

All claims should be reported promptly to:



P.O. Box 2860  
Greenville, SC 29602  
P: 800.922.8438 | F: 803.252.1988  
[gcclaims@ajg.com](mailto:gcclaims@ajg.com)  
[www.TravelWithGallagher.com](http://www.TravelWithGallagher.com)

## Linking Arms Association

By submitting a completed enrollment form and payment to Gallagher Charitable, you agree to join the Linking Arms Association, located in Washington, D.C. This protection is one benefit of your membership in the association. To learn more about the association and other member benefits, please visit the association’s website at [www.linkingarmsassociation.org](http://www.linkingarmsassociation.org) or contact Gallagher.

## Enrollment

If several persons are participating in a single project, but for different dates of service, please list these persons showing their dates separately; married couples traveling together should list both husband and wife. Travel agents or group leaders may attach a roster in lieu of completing this list and email it to [gallaghercharitable@ajg.com](mailto:gallaghercharitable@ajg.com).

Make checks payable to **Gallagher Charitable** and submit with the application. Regardless of how you enroll for benefits, an email confirmation of benefits will be sent. This will be your receipt. **Please advise Gallagher Charitable International Services of any changes in travel plans.**

# TELEMEDICINE

Providing FAST and CONVENIENT  
Care For Your Medical Needs.  
**ANYTIME. ANYWHERE. ANY REASON.**



To Utilize your Benefits or  
Request A FREE Consultation  
Call **888.397.1537**, go online to  
[www.1800MD.com](http://www.1800MD.com) or  
download the new  
**1800MD mobile app.**  
Doctors are available 24/7  
with a  
\$0.00 consultation fee and a  
\$0.00 co-pay.



**Physician Network**  
In ALL 50 States



**Physicians**  
Available 24/7



**Physicians Can**  
Provide A PRESCRIPTION



**Private/Secure**  
Consultation



**Peace of Mind**  
and NO COST TO USE



#### Commonly Treated Conditions:

- ◆ Sinus Infections
- ◆ Cold/Flu
- ◆ Respiratory Infections
- ◆ Allergies
- ◆ Bronchitis
- ◆ Urinary Tract Infections
- ◆ Sore Throat
- ◆ Ear Infections
- ◆ Abdominal Pain
- ◆ Pink Eye
- ◆ Rashes/Poison Ivy
- ◆ Many More....



# Travel accident protection for groups performing mission activities within the U.S. and Canada

Please make photocopies of this form for use on future mission trips. Enrollments can be done via [www.TravelWithGallagher.com](http://www.TravelWithGallagher.com).

## Please Print

|                                      |  |                                    |     |
|--------------------------------------|--|------------------------------------|-----|
| Name                                 |  | Date                               |     |
| Email                                |  |                                    |     |
| Address                              |  |                                    |     |
| City                                 |  | State                              | Zip |
| Phone                                |  |                                    |     |
| Sponsoring Church                    |  |                                    |     |
| Location of Project                  |  | Nature of Project                  |     |
| Expected Date of Departure from Home |  | Expected Date of Arrival Back Home |     |

Please note: this is not a major medical policy. Major medical benefits are 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.

## Fee Computation

|                   |   |                |   |                       |
|-------------------|---|----------------|---|-----------------------|
| Number of Persons | x | Number of Days | = | Number of Person Days |
|                   |   |                |   |                       |

|         | Number of Person Days | Plan   | Participation Fee | Selection                |
|---------|-----------------------|--------|-------------------|--------------------------|
| Plan A+ | _____ x               | \$2.68 | = _____           | <input type="checkbox"/> |
| Plan A  | _____ x               | \$1.51 | = _____           | <input type="checkbox"/> |

## List of Persons or Attach List

| Name | Date of Birth | Beneficiary |
|------|---------------|-------------|
| 1.   |               |             |
| 2.   |               |             |
| 3.   |               |             |
| 4.   |               |             |
| 5.   |               |             |

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## Mail or Email Application to:

Gallagher Charitable International Insurance Services

P.O. Box 2860 | Greenville, SC 29602 | P: 800.922.8438 | F: 803.252.1988 | Email: [gallaghercharitable@ajg.com](mailto:gallaghercharitable@ajg.com)

Or you can complete an online enrollment at: [www.TravelWithGallagher.com](http://www.TravelWithGallagher.com)

Insurance brokerage and services to be provided by Arthur J. Gallagher Risk Management Services, Inc. and/or its affiliate Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. (License No. 0D69293 and/or 0726293).