**United Methodist Volunteers in Mission, Northeastern Jurisdiction**

**nejvim@gmail.com**

**United Methodist Volunteers-in-Mission NEJ (UMVIM NEJ) Insurance Application**

First name Middle Last

Birthdate (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_  Conference

Passport #      Expiration date

Church (Name & City) Pastor’s name

Home Address

*Street City State Zip Code*

Home phone Cell Email

Beneficiary Estate/will Name Relationship

Date of Departure (mon/day/yr)\_\_\_/\_\_\_/\_\_\_   Date of return \_\_\_/\_\_\_/\_\_\_        Total # days

Sponsoring organization (church affiliation

Anticipated project/host

Destination

Release of Liability (this must be signed by Applicant for application to be valid and to receive insurance).  I understand that the United Methodist church, the General Board of Global Ministries, and the United Methodist Volunteers-in-Mission, NEJ program assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while serving as a person in mission. I, my heirs, personal representatives and assigns, hereby absolve the above named United Methodist groups and hold them harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed Date

Witnessed by Date

**Basic Coverage**: $1.58 per day per person plus a $15 per person registration fee ($10,000 coverage)

          $1.89 per day per person plus a $15 per person registration fee ($25,000 coverage)

**Sports1 Coverage**: $1.97 per day per person plus a $15 per person registration fee ($10,000 coverage)

          $2.36 per day per person plus a $15 per person registration fee ($25,000 coverage)

**1 *If you are traveling via motorcycles or your group is participating in activities such as zip lines, you need the Sports insurance****.*

Total # days\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ ($1.58, $1.89, $1.97 or $2.36) + $15 = \_\_\_\_\_\_\_\_\_\_\_\_ Total Due

  days rate

Coverage: Medical Evacuation and Repatriation: $100,000; Lost luggage $250, plus other benefits

                  Accidental and Medical Expense Benefit:   $10,000 or $25,000 w/ $50 deductible

Submit form and payment to team leader. Team leader makes payment via credit card at: <https://umvimnejorg.presencehost.net/resources/insurance-payment.html>