

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 and Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or 70 and above.
Medical Expenses — Primary (No preexisting conditions exclusion)	\$10,000	Primary benefits; \$2,500 of this limit is available to pay US or Canadian providers. With a COVID-19 diagnosis, benefits are secondary to your primary medical plan. (\$100 deductible)
Disability Income Benefit	\$1,000/month \$500/month \$250/month	First 100 Months — Accident Months 101–200 — Accident 50 Months — Sickness (after a 3-month waiting period) (No benefit if under age 12 or 70 and above.)
Assistance Service	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by IMG Global Response.™
Emergency Medical Evacuation	\$100,000	Coordinated by IMG Global Response™; will bring participants back to their home country (including the US) if necessary.
Crisis Management Service*	Included	Available 24/7/365 for assistance with worldwide nonmedical emergencies; provided by World Aware — includes threat of COVID-19 with a limit of \$1,000.
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 (\$100 deductible).
General Liability	\$1,000,000	Worldwide jurisdiction; includes a 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	\$4.00 PER PERSON PER DAY	

How Does It Work?

Comprehensive Program: You'll receive the benefits listed on page 1 for the base rate. Optional benefits are available at an additional cost, outlined below.

Easy Enrollment: Simply visit our website at travelwithgallagher.com to create your profile and enroll for each mission trip. Please note that your enrollment becomes active only after payment is processed in full.

Your Medical ID Card: Upon completing enrollment, you'll receive a Medical ID card featuring a dedicated phone number and your unique enrollment ID. In the event of a medical situation or if you need to use any benefits during your trip, contact the number on your card immediately. A representative will verify your enrollment, assess your needs, and direct you to the appropriate resources. We recommend calling about any issues while you're still on your trip to ensure prompt assistance.

Optional Medical Benefits Can Be Purchased in Addition to the \$4.00 Rate

No optional medical benefits are available for participants under age 12 or 70 and above.

AGE	LIMIT	OPTIONAL BENEFIT	RATES***
12-59	\$40,000	Excess Medical Expenses — Optional Preexisting conditions are excluded. Includes an additional \$50,000 emergency medical evacuation limit.	Additional \$0.49 per diem
	\$90,000		Additional \$0.69 per diem
60-65	\$40,000	Excess Medical Expenses — Optional Preexisting conditions are excluded. Does NOT include an additional emergency medical evacuation limit.	Additional \$1.40 per diem
66-69	\$40,000	Excess Medical Expenses — Optional Preexisting conditions are excluded. Does NOT include an additional emergency medical evacuation limit.	Additional \$3.05 per diem

Optional Medical Benefits Exclusions:

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

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 that 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.

Optional excess medical expenses are available for purchase at a daily rate in addition to the \$4.00 participation fee. No excess benefits are available to participants under age 12 or 70 and above. 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 and 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

E: GallagherCharitable@ajg.com

W: 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 and benefits are provided by service contracts and 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 mission trip, not-for-profit, or humanitarian relief travel.
- ☐ I understand all limitations and exclusions as spelled out in this brochure.

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 specific need for 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 — Travel

P.O. Box 2860 — Greenville, SC 29602

P: (800) 922 8438 | F: (864) 239 2435

E: GallagherCharitable@ajg.com

W: 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		=	0	x \$4.00	\$0.00

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) Includes an additional \$50,000 emergency medical evacuation limit		x	=	0		X \$0.49	\$0.00
\$90,000 (Ages 12–59) Includes an additional \$50,000 emergency medical evacuation limit		x	=	0		X \$0.69	\$0.00
\$40,000 (Ages 60–65)		x	=	0		X \$1.40	\$0.00
\$40,000 (Ages 66–69)		x	=	0		X \$3.05	\$0.00

Emergency medical evacuation is covered up to \$100,000 under the Standard Option. The .49 and .69 optional benefits provide an additional \$50,000 emergency medical evacuation limit.

Fee Summary	
Total Participation Fees	\$0.00
Total Excess (Enhanced) Medical Expense Fees	\$0.00
Total Fees for Group	\$0.00

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 66–69)
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.
This additional \$50,000 emergency evacuation limit comes with exclusions regarding COVID-19.

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 organizations.
- 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 and 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 Guernsey 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 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

Volunteer Travel Summary

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 and benefits are provided by service contracts and insurance policies issued to IHT.

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 70 and above.** All participants do receive \$10,000 in primary medical expenses with their base participation fee regardless of age.

Territorial Exclusion

The insurer shall not be liable for any matter which would otherwise be a valid claim under this policy if such matter has any direct or indirect connection with:

1. Tangible or intangible assets located in Syria or Cuba or their territories;
2. Any party who would otherwise be entitled to indemnity or benefit under the policy who or which is domiciled or registered in Syria or Cuba or their territories; or
3. Judgments or awards of any Syrian or Cuban court or other competent body with Syrian or Cuban jurisdiction.

Accident Disability Income:

Participant must be totally and continuously disabled and prevented from engaging in each and every occupation or employment for compensation.

*Illness Disability Income:

Illness must be manifested while the agreement is in force and result in continuous total disability, which prevents a person from performing every duty.

This brief summary is not an insurance policy; rather, it outlines some of the features of these benefits. An aggregate limit of \$20 million 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 over \$10,000 for medical benefits and \$100,000 for evacuation any way caused by or resulting from:

- a. Coronavirus disease (COVID-19);
- b. Severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2); and
- 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 that 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.

1. Medical: \$10,000 is available for other illnesses on a primary basis with no preexisting condition exclusion. With a positive COVID-19 diagnosis, this medical benefit operates in a secondary manner to a US-based medical plan.

2. Emergency Medical Evacuation: Effective 8/11/2020 — IMG Global Response™ is the assistance service provider, and they will work closely with a doctor on the ground for emergencies that may be life-threatening. Keep in mind that it may not be possible to be evacuated and you should consider the level of care provided at your destination prior to travel.

*Covid vaccination is no longer required to receive this benefit.

3. Crisis Benefits: Effective 11/5/2020 — Threat of COVID-19 — Typically used for mandatory quarantine prior to return travel. May extend to other circumstances.

a. Change in Air Travel: This benefit is available if there is no financial relief provided by the airline for an itinerary change up to \$1,000 per person.

b. Hotel Changes: The benefit is available if there is no other credit or financial relief provided by the hotel up to \$500 per person.

Crisis Management Extra Expense

This benefit will include up to \$1,000 on any one claim arranged by the Trust Participant, subject to a prior call to World Aware. In addition to Security Assistance, the term Crisis Management Extra Expense includes reimbursement of:

- a. A one-way economy airfare to return the Trust Participant to the starting point of the Trust Participant's Covered Trip, less any amounts credited or refunded to the Trust Participant up to \$1,000 for any one claim;
- b. The cost of unused hotel accommodation less any amounts credited or refunded to the Trust Participant up to \$500 on any one claim subject to written confirmation from the hotel of the unrecoverable amounts; and
- c. In the event that the Trust Participant interrupts an enrolled trip due to the Centers for Disease Control and Prevention changing the level of their COVID-19 Travel Recommendation from Level 1 or Level 2 to Level 3 or above.

Claim Provisions

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

This program is designed for use in missions, not-for-profit, and humanitarian type work. Any claim for abuse of the intentions of this program will not be paid. If you need benefits for personal, vacation, or paid travel, please reach out to our office for alternative benefits.

Gallagher Charitable — Travel

P.O. Box 2860
Greenville, SC 29602
P: (800) 922 8438 | F: (803) 252 1988
E: ihteligibility@imglobal.com

Claimant is required to provide a scan or photo of their passport upon submitting a claim. 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.