

Insurance Guidelines & Information

Guidelines

- **Every participant or guest must be insured.** This is for the protection of the Individual, Field, Region and the General Board of the Church of the Nazarene.

Insurance is available for purchase through **BERKLEY Accident and Health**, and is facilitated by the Global Mission Personnel Office.

- **If a participant thinks that their current insurance policy meets all of the requirements listed below**, their policy must be submitted to the appropriate Mission Personnel Office at least **60 days before departure** so that it can be reviewed to verify coverage. The General Board required portions and corresponding benefit amounts of your policy **must be highlighted with a color marker for the reviewing process**. If the policy qualifies, **the participant will still be responsible for the International Liability portion of the insurance policy at \$.30 per day/per person as required by the General Board.**
- **Types of required insurance:**
 - ✓ Accident and Sickness Medical Expenses (\$100,000) - \$100 deductible per claim
 - ✓ Accidental Death and Dismemberment (\$75,000)
 - ✓ Emergency Medical Evacuation (100% of Usual and Customary Charges)
 - ✓ Repatriation of Mortal Remains (100% of Usual and Customary Charges)
 - ✓ **International Liability (required for every participant and/or guest)**
- **Additional benefit that the BERKLEY policy provides but is not required:**
 - ✓ Security Evacuation (100% of Usual and Customary Charges)

Before deployment, each participant or guest must complete the online [Global Mission Insurance Form](https://gminsurace.nazarene.org/gminsurace/missioncorps.shtml). This can be found at:
<https://gminsurace.nazarene.org/gminsurace/missioncorps.shtml>

Premiums

- Insurance premiums will be **deducted automatically from the field unless paid in advance** by the participant or guest.
- The **field is responsible for collecting the monthly premiums from the participant or guest or deducting the monthly premiums from their support funds.**
- The insurance premium costs* are as follows:
 - If you are on the field for 1 - 21 days** – US \$3.25 per day/per person
 - If you are on the field for 22- 90 days** – US \$2.75 per day/per person
 - If you are on the field for 91-365 days** – US \$2.25 per day/per person

[*Rates are subject to change so check the website for the current costs.]

Coverage and Exclusion Limitations

- The insurance provided through BERKLEY has a \$100 deductible per incident and no co-pay. After the deductible, the plan will pay 100% up to the maximum amount stated.
- This insurance is not a Major-Medical policy.
- All expenses need to be cared for by the participant or guest prior to submitting a claim to BERKLEY through the Global Mission Personnel office.
- BERKLEY will process the Claim Form with accompanying receipts and reimburse the participant and/or guest based on the policy.
- Several **medical exclusions are listed** (pre-existing conditions are covered at a lower benefit). Please make sure to read through the Global Insurance Brochure (www.missioncorps.org/Resources - “Insurance” heading) for more detailed information.
- **Any injuries directly caused by an act of war are not covered.**

Required Forms and Information [Note: all the forms and the brochure are available at: www.missioncorps.org/Resources under the “Insurance” heading, toward the middle of the page.]

- Each participant or guest must complete a **Global Insurance Form** and submit it to the Global Mission Personnel Office. There is also an option to complete a web form and pay online with a credit card.
- When figuring the number of days of insurance coverage needed, be sure to count the first day of travel and the ending day of travel so that each participant or guest will be insured while they travel to and from the field.
- The **Accident & Sickness Claim Form** and the **Global Insurance Brochure** and the **BERKLEY Member Card (Group ID)** should be taken to the field with the participant or guest. These forms can be downloaded from the website.

Submitting a Claim

- If a participant or guest starts to exhibit symptoms of an illness, they need to be seen by a physician or local healthcare provider **prior to leaving the field**. The attending physician will need to **fill out and sign** their portion of the **Accident & Sickness Claim Form**.
- The participant or guest will also need to **fill out and sign** their portion of the **Accident & Sickness Claim Form**. This form must be submitted to the Global Mission Personnel Office with the corresponding receipts in order for the insurance company to process the claim.
- Written notice of a claim must be submitted to the Global Mission Personnel Office as soon as possible so that the insurance company can be notified. **One Accident & Sickness Claim Form is needed for each accident and/or sickness** or the claim cannot be processed.
- The insurance company will cover continued treatment back in the home country **if the participant or guest was seen by a physician prior to leaving the field** where they were serving or visiting. This continued coverage is available for up to 26 weeks.

IMPORTANT: If at **any time** an individual needs **hospitalization, medical evacuation, security evacuation or repatriation**, the insurance company (BERKLEY) must be contacted before any arrangements are made. The number to use when outside the US is: **1.202.659.7786** (Call Collect).

Then **immediately** contact the Global Mission Personnel Office at: **001-913-577-0500 x 2953**.

[For emergency contact during evenings and weekends use: **001-816-699-5420**.]

NOTE: If you opt to make your own arrangements, all costs will be your personal responsibility.

Contact Information – If you have questions concerning the above information, please call us at 001-913-577-0500 X 2961 or send an email to missioncorps@nazarene.org.