



# SCORE International

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Dear Team Member,

We are excited that you have chosen to travel with SCORE International. We are excited that you will get to play the sport you love. We are excited you will get to meet new people. But most of all, we are excited that you will get to use your sport to impact not only your life, but the lives of the people you will come in contact with, for the Kingdom of God!

We have taken thousands of athletes overseas and have heard countless testimonies regarding the changes these trips have made in their lives.

Now, we want you to get just as excited!

Enclosed is everything you need to make your trip a reality. Just do the following:

- ★ Complete all the necessary paperwork
- ★ Send 75-100 support letters to potential donors
- ★ Follow the deadlines
- ★ PRAY!

We are here to help you. Please contact our office with any questions.

For His glory,

SCORE International Staff  
(423)894-7111  
[info@scoreinternational.org](mailto:info@scoreinternational.org)

## **Sports Trips**

### **What's Next?**

- **Download the Policy and Procedure Manual** at [www.scoreinternational.org](http://www.scoreinternational.org). Click on "Resources" and go to "Forms and Documents". Please contact our office if you are unable to download the manual.
- **Read the Policy and Procedures Manual** and go over all items. Everyone is expected to abide by the guidelines outlined in the manual. Contact our office if you have any questions.
- **Everyone travelling internationally MUST get a passport.** As of January 1, 2007, anyone traveling overseas must have a passport. You will no longer be allowed to use your birth certificate. Be sure to apply early. It sometimes takes 6-8 weeks to receive your passport.

### **Paperwork Included in this Packet**

1. **Application**- Return your signed application with \$100 deposit (if you have not already paid your deposit) to our home office. You will receive an acceptance letter (unless you are travelling with a school, church, or University team) once we receive your application, deposit, and pastor's reference form.
2. **Pastor's Reference Form**- This is only required if you are travelling as an individual and not part of a school, church, or University team. Give this to your pastor ASAP. WE will not send an acceptance letter until we receive this form. Be sure to give your pastor the due date.
3. **Parental Consent Form (if you are under 18)**- This must be signed by both parents and notarized.
4. **Adult Medical Release Form (if over 18)**- You must sign this and it must be notarized.
5. **SCORE Medical Report**- If you have had a physical within one year prior to the trip, you can attach a copy of that physical report to this form. If not, you will need to have a sports physical and have the physician complete the form.
6. **Sample Donor Letter**- This is a "sample" letter that you can use to write your own. Feel free to make it personal to your trip. Remember to send your letters early to ensure potential donors have time to meet the deadlines.
7. **SCORE Letterhead**- You may make copies of this and use it to send your letters. Be sure to copy the back portion also as it includes important tax information for the giver. You may also use your own "stationary". Brightly colored paper is a good way to get the reader's attention!
8. **Insurance Information**- Insurance coverage is included in the cost of your trip. Please read over the information carefully. SCORE uses option #3.
9. **General Information**- This will answer some of the FAQs regarding your trip. Please note that some of the information may only apply to certain groups. You will be contacted by a SCORE representative with additional information.

### **Important Deadlines**

1. **The following items are due within the next 30 days. The sooner the better.**
  - Application with \$100 deposit.
  - Pastor's Reference Form
2. **The following are due within 45 days of your trip:**
  - Balance of Account- Airline tickets will not be purchased until the account is paid. This may result in additional charges. Refer to the Policy and Procedures Manual for additional information.
  - Notarized Parental Consent Form or Notarized Adult Medical Release (whichever is applicable)
  - SCORE Medical Report
  - A copy of your passport

**All forms can be mailed, faxed, or e-mailed.**

**SCORE International, PO Box 9994, Chattanooga, TN 37412**

**Fax: 423.894.7303 E-mail: [ashley@scoreinternational.org](mailto:ashley@scoreinternational.org)**

**Call the Home Office with any questions or concerns: 423.894.7111**

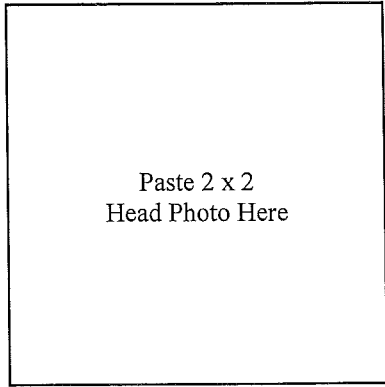
**FOR OFFICE USE ONLY:**

Dp Recvd \_\_\_\_\_

Country \_\_\_\_\_ Sport \_\_\_\_\_

Accept Sent \_\_\_\_\_

# SCORE INTERNATIONAL Sports Application Form <sup>TM</sup>



**For Visa/Mastercard Payment:**

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Cardholder \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount \_\_\_\_\_

PLEASE RETURN TO:

SCORE INTERNATIONAL  
PO BOX 9994 Chattanooga, TN 37412  
Phone: 423-894-7111 Fax: 423-894-7303  
E-mail: ashley@scoreinternational.org  
Website: www.scoreinternational.org

PLEASE PRINT:

1. Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(FIRST NAME As Appears on Birth Certificate, NO NICKNAMES. Names must match with Birth Certificate or Passport)
2. Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_
4. Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ 5. U.S. Passport Number \_\_\_\_\_
6. Names of Parents (or guardians) \_\_\_\_\_ Address: \_\_\_\_\_  
Parent's e-mail address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_
7. Schools Attended: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduated: \_\_\_\_\_  
High: \_\_\_\_\_  
College: \_\_\_\_\_  
University: \_\_\_\_\_  
Other: \_\_\_\_\_
8. Church Name and Affiliation: \_\_\_\_\_ Church Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_
9. Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
10. Briefly describe how and when you were saved: \_\_\_\_\_  
\_\_\_\_\_
11. Why do you want to be a SCORE missionary: \_\_\_\_\_  
\_\_\_\_\_

*Your Signature below will indicate the following:*

- a. I have read the Policy and Procedures Manual available on the website at [www.scoreinternational.org](http://www.scoreinternational.org).
- b. I have an insurance plan sufficient for any medical or liability costs. SCORE will not be held responsible for situations of this nature.
- c. I understand the DEPOSIT (\$100) IS DUE WITH THIS FORM and refunded only if I am not accepted
- d. The deposit is non-refundable and is applied to the balance of your trip.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Dates of SCORE Trip \_\_\_\_\_ Country \_\_\_\_\_ Sport \_\_\_\_\_

**ADULT  
MEDICAL RELEASE AFFIDAVIT**

I \_\_\_\_\_ will travel with SCORE International to \_\_\_\_\_  
on these specified dates \_\_\_\_\_ SCORE International has permission to  
make any decisions regarding medical emergencies on my behalf if I am unable to do so.  
I will not hold SCORE International responsible for sickness or accidents which may  
occur while on the trip. I realize that I am responsible for providing medical insurance.

*Please answer the following questions:*

1. Please indicate any pertinent information we should have concerning any medical  
problems you may have: \_\_\_\_\_  
\_\_\_\_\_
2. Are you allergic to any form of medication? NO \_\_\_\_\_ YES, what kind: \_\_\_\_\_
3. Please give us the following information concerning your insurance protection:
  - A. Insurance Company \_\_\_\_\_
  - B. Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_
4. Do you have any history of:  
Heart Problems NO \_\_\_\_\_ YES, describe: \_\_\_\_\_  
Kidney Problems NO \_\_\_\_\_ YES, describe: \_\_\_\_\_  
Lung Problems NO \_\_\_\_\_ YES, describe: \_\_\_\_\_
5. Please give names and telephone numbers of two people to contact in case of  
emergency:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

\_\_\_\_\_, Notary Public

My Commission Expires \_\_\_\_\_

SEAL

County \_\_\_\_\_ State \_\_\_\_\_

**PARENTAL CONSENT AND MEDICAL RELEASE  
AFFIDAVIT**

I/We, \_\_\_\_\_ and \_\_\_\_\_,  
parents of \_\_\_\_\_ give our permission to SCORE International to

travel to \_\_\_\_\_ on these specified dates, \_\_\_\_\_  
with our child. SCORE International also has our permission to make any decisions regarding medical  
emergencies in our absence. I/We will not hold SCORE International responsible for sickness or accidents  
which may occur while on the mission trip. I/We also realize we are responsible for providing medical  
insurance.

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***Please answer the following questions:***

1. Please indicate any pertinent information we should have concerning any medical problems you may have: \_\_\_\_\_  
\_\_\_\_\_

2. Are you allergic to any form of medication? NO \_\_\_\_\_ YES, what kind? \_\_\_\_\_

Any food allergies? NO \_\_\_\_\_ YES, what kind? \_\_\_\_\_

3. Do you have any history of:

Heart Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

Kidney Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

Lung Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

4. Please give us the following information concerning your family insurance protection:

a. Insurance Company \_\_\_\_\_

b. Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

5. Please give names and phone numbers of two people to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant's Signature _____ Date _____	Parent's Signature _____ Date _____ Parent's Signature _____ Date _____
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**THESE SIGNATURES MUST BE NOTARIZED**

\_\_\_\_\_, Notary Public

My Commission Expires \_\_\_\_\_

SEAL

County \_\_\_\_\_ State \_\_\_\_\_

# SCORE Medical Report

Name of applicant \_\_\_\_\_

Date \_\_\_\_\_

DOCTOR: Please give a general (not detailed) examination and show any abnormality in the following:

1. Heart \_\_\_\_\_
2. Ears \_\_\_\_\_
3. Eyes \_\_\_\_\_
4. Nose \_\_\_\_\_
5. Throat \_\_\_\_\_
6. Reflexes \_\_\_\_\_
7. Mentality \_\_\_\_\_
8. Nervous System \_\_\_\_\_
9. Mental Health \_\_\_\_\_
10. Emotional problems \_\_\_\_\_
11. Respiratory system \_\_\_\_\_
12. Teeth (appearance)      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_
13. Dietary problems \_\_\_\_\_
14. Allergies \_\_\_\_\_
15. Is applicant capable of participation in sports? \_\_\_\_\_
16. Is applicant capable of strenuous physical work? \_\_\_\_\_
17. Is applicant physically able to engage in normal school life? \_\_\_\_\_
18. Epilepsy \_\_\_\_\_
19. Additional comments \_\_\_\_\_

Signature of M. D. \_\_\_\_\_

Address \_\_\_\_\_

Please return this form to:

SCORE  
PO Box 9994  
Chattanooga, TN 37412

## Pastor's or Church Leader's Confidential Reference Questionnaire

\_\_\_\_\_ has applied to SCORE International with regard to the GAP Year Program in Costa Rica. Your name has been given as a reference. Since most of these applicants are complete strangers to us, would you prayerfully ask the Holy Spirit to lead you in answering these questions. Any information given by you will be kept in the strictest confidence.

1. Are you well acquainted with the applicant? \_\_\_\_\_
2. Under what circumstances and for how long did you know him (her)? \_\_\_\_\_  
\_\_\_\_\_
3. How would you describe his (her) spiritual qualifications? \_\_\_\_\_  
\_\_\_\_\_
4. Do you know any tendency which might hinder his (her) service for God? \_\_\_\_\_  
\_\_\_\_\_
5. Have you observed the applicant to have a consistent Christian walk? \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_
6. Is the applicant diligent in work and will he (she) accept responsibility? \_\_\_\_\_  
\_\_\_\_\_
7. Does he (she) work well with others? \_\_\_\_\_  
\_\_\_\_\_
8. Does he (she) respect and respond well to authority? \_\_\_\_\_  
\_\_\_\_\_
9. We are not suggesting support from you, but if you were going to support a missionary, is this the kind of a person you would support? \_\_\_\_\_
10. Is there anything which you could tell us that might help us to make a more accurate decision before the Lord regarding the applicant? (Use reverse side of sheet, please.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Church: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

SCORE International  
PO Box 9994  
Chattanooga, TN 37412

# FUNDRAISING

Perhaps, the most asked question is “how can I raise funds?”  
Let me give you a few ideas.

1. Speak to your pastor
2. Set up meetings in other churches
3. Send letters to approximately 100 people

## Sending Letters to Potential Sponsors

Ninety percent of all your funds are raised by sending letters to potential sponsors. You must send at least 100 letters. Send them to relatives, friends, businessmen, your doctor, dentist, church friends, etc.

This letter will instruct potential donors to send donations to us in your name. We will send you a monthly printout so you know who gave, when, and how much. So, once you send your letter then the work is over. SCORE has provided you with a sample letter to send. *It Really Works!*

You can **GET STARTED** right away! Donations are tax deductible.

SCORE has provided simple instruction with materials to put your letters together. Then “trust the Lord” for the funds to come in.

*The \$100.00 deposit due with your application is applied to the total cost of the trip.*

Letters must go out 30 days after application is received by SCORE.

**BALANCE IS DUE 45 DAYS PRIOR TO TRIP.**





# SCORE International

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SCORE INTERNATIONAL, INC.  
PO Box 9994  
Chattanooga, TN 37412 USA  
423-894-7111

USA

According to IRS rules, if a single gift exceeds \$250, a receipt will *automatically* be sent to you. *For gifts less than \$250, we will send receipts upon request.*

NOTE: If your gift exceeds \$250, the IRS no longer considers your canceled check to be a valid receipt to claim tax deduction.

FOREIGN DONATIONS

For foreign donations, please exchange into U. S. funds before sending to SCORE.

TAX-DEDUCTIBLE CHECKS AND MONEY ORDERS

Send Personal or Cashier's Checks, or Money Orders. Do not send or give cash to team members. **IN ORDER TO OBTAIN A TAX DEDUCTION**, make all checks or money orders payable to SCORE International and attach the check to a note with the team member's name and trip information (if you received a donation request letter from the team member, there should be a form at the bottom for you to attach to your check). **DO NOT** write the team member's name anywhere on the check. *Checks made payable to team members are not tax-deductible.*

**NOTE ANY DUE DATES OR DEADLINES SO YOUR CONTRIBUTIONS ARE RECEIVED BEFORE THE DUE DATE.** This is very important to the team member. Team members are notified of all contributions received in our office.

All funds donated to SCORE International in the U.S. or Canada are not refundable and not transferable. By IRS definition, contributions will not be refunded. In the event a team member cancels from a trip, or raises contributions in excess of project missions expenses, the funds will be used to further evangelistic work in one of many SCORE missions projects. These include support of missionaries on foreign soil, Gospel tracts, youth programs, and other SCORE ministries. All money is donated solely to SCORE International. Financial disbursement is at the discretion of SCORE for mission work worldwide.

In case an individual does not raise enough funds to go or is providentially hindered from going, support is kept in his account for one year to allow him to go at a later date.

*If you know of people who may have an interest in being on a SCORE team, please call or send their name and address and we will mail them a complete information packet. Thank you.*

# Passport to Ministry® | OPTION 1 PROGRAM DETAILS

*International insurance protection for travelers with a mission*



**Y**our ministry doesn't stop at the border, and neither should your insurance protection. Whether you're sponsoring a short-term mission project, sending students to study abroad, or are a missionary headed to a remote location, you need insurance that provides protection every step of the way.

Brotherhood Mutual's *Passport to Ministry*® program offers valuable insurance benefits and assistance services through three package options. Each policy gives you access to a professional staff of multilingual personnel, including doctors, on call 24 hours a day.

*Passport to Ministry* Option 1 is our most comprehensive package—providing liability, medical, travel, and security protection and services for ministry workers traveling outside the United States. It includes the following benefits:

## Liability Coverages

### Foreign liability insurance (\$1,000,000)

This benefit protects your religious organization and its foreign travelers against a liability-based lawsuit brought in another country, including lawsuits arising from religious acts and religious communications.

### Foreign contingent auto liability insurance (\$1,000,000)

This benefit protects your religious organization and its foreign travelers against a lawsuit arising from the negligent operation of an owned, rented, or borrowed vehicle operated in a foreign country. This insurance is excess over (applies after) any primary auto liability insurance purchased to cover the vehicle operated in a foreign country.

When renting a vehicle in a foreign country, you should purchase auto liability and physical damage coverage from the vehicle rental agency. Our policy does not provide any physical damage coverage for the vehicle.

This contingent auto insurance does not fulfill any minimum auto liability insurance requirements of any foreign country. If required by a country's law, you may have to purchase local auto liability insurance.

### Employer's liability insurance (\$1,000,000)

This benefit protects your religious organization from employee lawsuits resulting from a foreign occupational injury or illness not otherwise covered by workers' compensation insurance.

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Brotherhood Mutual offers *Passport to Ministry* Option 1 through ACE USA, Inc., Wilmington, Delaware. ACE USA is an independent provider of comprehensive insurance plans for international travelers and missionaries. Note: This document is a summary of the benefits offered in our *Passport to Ministry* insurance program. It provides a brief description of the coverages and services available under this option. The document itself does not provide coverage of any kind, nor does it modify the terms of any policy. All coverages are subject to conditions, coverage limits, limitations, and exclusions. For precise details of coverage, please refer to actual policy forms.

**Foreign voluntary compensation insurance**

This benefit protects your organization's employees for covered expenses resulting from occupational injuries or illnesses that occur while the employee is involved in occupational duties in a foreign country. Benefit schedules are determined based on the employee's state of hire and typically include medical expenses, disability, rehabilitation, and death benefits.

**Medical Coverages & Services****Medical expenses: accident and sickness**

(Limit options of \$100,000, \$50,000 or \$25,000 per person are available.)

This benefit protects your organization's volunteer members and employees (if injured while not involved in occupational duties) against medical expenses resulting from an accident or travel-related sickness during your foreign religious operations. A \$250 deductible applies to sickness-related medical expenses. No deductible applies to medical expenses related to an accident. This benefit is coordinated with, and pays after, any other primary medical coverage available to the employee or volunteer participant.

**Medical expenses: accident and sickness**

This benefit does not apply to sickness-based expenses arising from pre-existing health conditions not related to foreign travel exposures. The traveler must look solely to his or her own major-medical coverage for reimbursement for such pre-existing sickness expenses should they require treatment while in a foreign country. Under most major-medical plans, significant out-of-pocket expenses are likely if treatment is provided out of network.

As a practical matter, employees or volunteer participants with serious medical conditions should not be permitted to join your foreign travel group.

**Accidental death and dismemberment**

(Limit options of \$100,000, \$50,000 or \$25,000 per person are available.)

Note: The limit option will match that selected for the accidental medical and sickness coverage.

This benefit protects your organization's employees and volunteers against the accidental loss of life, loss of a hand or foot, or sight.

**Medical assistance**

(A \$250,000 limit is provided.)

This benefit protects your organization and its employee and volunteer members for expenses associated with any of the following medical assistance services:

**Medical assistance: Dispatch of a doctor or specialist**

If our foreign travel service provider determines that a doctor or specialist must be dispatched to an injured employee's or volunteer participant's location to adequately assess a serious medical condition, we will pay the physician's travel expenses. The physician's fees may be recoverable under medical insurance benefits provided elsewhere through major-medical insurance (if available) or under accidental medical benefits provided in this program.

**Medical assistance: Emergency medical evacuation**

If our foreign travel service provider determines that adequate medical facilities are not available locally at the site of your mission activity, we will arrange and pay for one emergency medical evacuation, under medical supervision if necessary, to the nearest location with adequate facilities.

We will also pay the cost of one family member or other traveling companion to accompany the injured person during the evacuation if it is reasonably possible for that person to accompany the injured party. For the person who accompanies the injured person, our obligation is limited to the cost of airfare and an incidental travel expense allowance of \$300 per day up to a \$5,000 maximum evacuation expense allowance.

**Medical assistance: Medically Necessary Repatriation**

If our foreign travel service provider determines (based on information available to it and its consulting physicians) that it is medically necessary to repatriate the injured person to a facility in the United States—following stabilization, we will arrange and pay for one repatriation under medical supervision if necessary.

We will arrange and pay the cost of one family member or other traveling companion to continue to accompany the injured person during repatriation, if it is reasonably possible to do so. For the person who accompanies the injured person during repatriation, our obligation is limited to the cost of airfare and an incidental travel expense allowance of \$300 per day up to a \$5,000 maximum repatriation expense allowance.

**Medical assistance: Return of Mortal Remains**

In the event of an employee's or volunteer participant's death while in foreign territory, through our foreign travel service provider we will render every assistance possible to obtain necessary clearances and arrange for the return of the mortal remains. Return will be to a location that honors the known reasonable wishes of the deceased or the deceased's family members. We will pay reasonable expenses associated with such return, including the cost of embalming to meet any applicable requirements.

We will also pay the cost of one family member or other traveling companion to continue to accompany the mortal remains, if it is reasonably possible to do so. For the person that accompanies the deceased, our obligation is limited to the cost of airfare and an incidental travel expense allowance of \$300 per day up to a \$5,000 maximum repatriation expense allowance.

**Medical emergency family reunion (bedside visit)**

(A \$5,000 limit is provided.)

Our foreign travel assistance provider will pay the cost of up to two family members (or other designated individuals) to visit the injured party for up to 7 days (if traveler deemed to be gravely ill by our foreign travel assistance provider).

**Hospital admission deposit advance**

(A \$10,000 limit is provided.)

Should one of your employee or volunteer participants need hospital medical services during your foreign religious operation, we will either guarantee the payment of or wire any emergency hospital admission deposit up to \$10,000. Unless incurred medical expenses are otherwise covered by insurance under your *Passport to Ministry* program; you or your employee or volunteer participant will repay (without interest) any such deposit to us within 45 days.

Many of your travelers are likely to have some available major-medical insurance protection. Since domestic major-medical providers are unfamiliar with working with foreign medical facilities, delays in authorizing admittance to foreign medical facilities are likely. Our hospital admission deposit service can help minimize admission delays into a foreign medical facility.

**Foreign medical referral service**

Upon request, our foreign travel assistance provider will furnish pre-trip medical referral information to you regarding countries and regions your employees and volunteer participants are planning to visit. The information includes local multi-lingual doctors along with addresses and phone numbers for hospitals nearest the region being visited.

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**Medical monitoring service**

Our foreign travel assistance provider will monitor your employee or volunteer participant's medical condition when hospitalized abroad and will use best efforts to regularly provide condition reports to a person designated by the injured person.

**Prescription drug replacement service**

Should an employee or volunteer participant require prescription medication that is not available locally, our foreign travel assistance provider will make arrangements for the transportation of such medication, when possible and legally permissible, to your mission group member upon the request of the prescribing physician. The employee or volunteer participant is responsible for the cost of the medication and the costs of transportation.

**Travel Assistance Services****Benefits verification and claims assistance**

Our foreign travel assistance provider will assist your employees and volunteer participants in verifying their medical insurance benefits when hospitalized in a foreign country. Upon request, our provider will also assist in coordinating foreign claims with available domestic workers' compensation or medical insurance that may apply to cover expenses.

**Embassy and consular information**

Upon request, our foreign travel assistance provider will furnish you with contact information for embassies and consulates anywhere in the world.

**Emergency cash advance**

Upon request and whenever possible, our foreign travel assistance provider will issue your employee or volunteer participant a cash advance of up to \$1,000 in local currency for emergency purposes. You or the borrower will repay any such emergency cash advance to us within 45 days (without interest).

**Emergency family travel arrangement assistance service**

Upon request, our foreign travel assistance provider will coordinate emergency travel arrangements for family member(s) who need to join a hospitalized employee or volunteer participant; or to accompany the mortal remains of the deceased traveler. The costs of travel are the responsibility of the family member(s).

**Emergency message transmission service**

Upon request, our foreign travel assistance provider will make reasonable efforts to receive and transmit emergency messages between your travelers and you or a family member of the traveler.

**Foreign legal access service**

Upon request, our foreign travel assistance provider will introduce your employee or volunteer to local attorneys. Assistance will also be provided in obtaining bail bonds in those areas where such bonds are customarily issued. Unless otherwise covered by your *Passport to Ministry* policy, the employee or volunteer participant is responsible for contracted legal fees.

**Return of rental vehicle service**

In the event of an employee or volunteer participant's hospitalization or evacuation, our foreign travel assistance provider will arrange, but not pay the cost, to have the traveler's unattended vehicle returned to the rental agency or current place of residence in the foreign country.

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**Return of traveling companion or dependents service**

When our foreign travel assistance provider arranges for the hospitalization or evacuation of an employee or volunteer participant, a traveling companion's air ticket may no longer be usable. In these cases, our assistance provider will arrange, but not pay the cost of, one-way air transportation for the companion. Transportation will be arranged for the companion to rejoin your traveling group, or to the companion's place of residence.

**Translation and interpretation service**

Upon request, our foreign travel assistance provider will furnish personal emergency translation services, as well as referrals to interpreter services. When personal presence or other customized interpreter services are required, your employee or volunteer participant will be responsible to pay locally the cost of these services.

**Security Assistance Services:****Contingency political evacuation planning service**

Upon request from you, your employee or volunteer participant, our foreign travel security provider will arrange, but not pay the cost for, evacuation contingency planning for intended travel locations.

Evacuation contingency planning consists of an on-site evaluation and recommendations for evacuating your travelers in the event of an emergency or crisis situation that could pose an imminent threat to the personal security of your employee or volunteer participants.

**Political evacuation service**

Upon request from you, your employee or volunteer participant, our foreign travel security provider will arrange, but not pay the cost for, evacuation for travelers whose personal security is threatened by any political instability or civil unrest. Evacuation will be made to a safe location at the earliest possible time.

If evacuation is not reasonably possible for any reason, our security provider will attempt to maintain regular contact with your employee or volunteer travelers until the threat to personal security is abated or evacuation becomes reasonably possible.

**Security crisis center service**

Upon request, through our foreign travel security provider we will furnish you with access to an analyst that can furnish an oral briefing on the available information regarding threats posed in a particular country. Threats may arise from criminal or terrorist activities or political or civil unrest.

This service is provided free of charge to our *Passport to Ministry* policyholders. Information obtained from this service must be used exclusively by our *Passport to Ministry* policyholders, including employees and volunteer participants, and may not be shared with other parties.

**Travel security information service**

Through our foreign travel security provider we will furnish you, your employee, or volunteer participant, with Internet access to our security provider's CityBrief web site.

In executive summary format, this site is designed to provide travelers with country-specific information regarding the risks posed by crime, terrorism, and civil unrest in countries throughout the world.

This service is provided free of charge to our *Passport to Ministry* policyholders. Information obtained from this site must be used exclusively by our *Passport to Ministry* policyholders, including employees and volunteer participants, and may not be shared with other parties.

## Additional Program Options

Brotherhood Mutual offers two additional *Passport to Ministry* program options. Choose the level of coverage you need to protect your church and foreign ministry participants.

Each policy gives you access to a professional staff of multilingual personnel, including doctors, on call 24 hours a day.

### ***Passport to Ministry* | OPTION 2\***

This option focuses on medical and travel insurance for ministry workers traveling outside the United States.

### ***Passport to Ministry* | OPTION 3\***

This option provides ministry workers with trip cancellation/interruption coverage, lost baggage coverage, and a basic medical package.

For more information about Brotherhood Mutual's  
*Passport to Ministry*<sup>®</sup> International Insurance Program:

- Contact your Brotherhood Mutual agent
- Contact us at 1-800-876-4994
- Visit [www.brotherhoodmutual.com](http://www.brotherhoodmutual.com).

Note: This document is a summary of the benefits offered in our *Passport to Ministry* insurance program. It provides a brief description of the coverages and services available under this option. The document itself does not provide coverage of any kind, nor does it modify the terms of any policy. All coverages are subject to conditions, coverage limits, limitations, and exclusions. For precise details of coverage, please refer to actual policy forms.

\*Brotherhood Mutual offers *Passport to Ministry*® Option 1 through ACE USA, Inc., Wilmington, Delaware, and *Passport to Ministry*® Options 2 & 3 through Specialty Risk International, Inc. (SRI), Indianapolis, Indiana. Both ACE USA and SRI are independent providers of comprehensive insurance plans for international travelers and missionaries.

Option 2, SRI's *Liaison International*® coverage, is administered by Specialty Risk International and underwritten by Virginia Surety Company, Inc. (For special states, it is Global International Trust by Certain Underwriters at Lloyd's London). Option 3, SRI's *Roundtrip International*® coverage, is administered by Specialty Risk International and underwritten by Nationwide® Mutual Insurance Company, Nationwide® Life Insurance Company and Nationwide® Mutual Fire Insurance Company.