

VOLUNTEER MISSIONARY TRAVEL INSURANCE

Please make photocopies of this form for use on future mission trips.

Check One:

Group Leader Travel Agent Individual

Please Print

Name:		
Signature:		Date:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Sponsoring Organization or Other Group:		
Master Policy Number: Miscellaneous Volunteer 9021798		
Destination:	City:	Country:
Expected Date of Departure from Home:		
Expected Date of Arrival Back Home:		

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 need specific to your group, please contact us for details.

Premium Computation

Standard:	_____	X	_____	=	_____	X 2.00 =	_____
	Number of Persons		Number of Days		Persons/Days		Premium
W/Optional:	_____	X	_____	=	_____	X 2.55 =	_____
	Number of Persons		Number of Days		Persons/Days		Premium
WHOLE GROUP MUST SELECT THE SAME PLAN							
Additional Charge of \$2.50 Per Person for Groups of 21 Persons or More ONLY.							
21 Persons or More: _____ X 2.50 = _____							
THIS IS A ONE TIME CHARGE							

List of Persons

Name	Date of Birth	Beneficiary
1.		
2.		
3.		

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 travelling together should list both husband and wife. Travel agents or Group Leaders may attach roster in lieu of completing this list.

Mail or Fax to:

Adams & Associates International
 PO Box 5845, Columbia, SC 29250-5845
 Tel: 803-758-1400 • Fax: 803-252-1988
 Email: aai@aaintl.com • Internet: www.aaintl.com

****Important****
 Please Sign At
 "BY:"
 On Reverse

AIG Life Insurance Company Trust
PARTICIPATION AGREEMENT

For Policy Number: 902-1798

THIS AGREEMENT, made and entered into as of the _____ day of _____, 20____, by and between Crestar Bank and _____.

RECITALS

1. Crestar Bank has been appointed and is acting as the Trustee under an Agreement of Trust dated January 1, 1986, titled the AIG Insurance Company Trust (the "Agreement of Trust"), by and between AIG Life Insurance Company and Crestar Bank, hereinafter with any other trustee or trustees serving under the Agreement of Trust referred to as the "Trustee"). The purpose of the Agreement of Trust is to afford group insurance benefits to qualifying persons, members, customers or employees of certain organizations.

2. _____ (hereinafter, with any successor or successors thereto, referred to as the "Participant") desires to afford to qualifying insureds group insurance benefits of the sort available under the Agreement of Trust.

NOW, THEREFORE, in consideration of the mutual promises herein contained, the Trustee and the Participant hereby agree as follows:

1. Subject to approval of the insurance company or companies providing the group insurance pursuant to which insurance benefits shall be provided (the "Insurance Policies") for any insureds of the Participant, the Trustee agrees to permit the Participant to become a Participant under the Agreement of Trust.

2. The Participant agrees to be bound by: (a) the provisions of the Agreement of Trust, and (b) each and every provision of the Insurance Policies (and all riders and amendments thereto). The definitions contained in the Agreement of Trust shall apply in the construction and interpretation of this Participation Agreement.

3. In particular, but without the generality of the foregoing, the Participant agrees promptly to furnish to the Trustee and the insurance company or, if requested by the Administrator under the Agreement of Trust to do so, to the Administrator, all records and other information required by the insurance company to administer properly the Insurance Policies and to permit the Trustee, the insurance company and/or the Administrator, whenever and as often as the Trustee, the insurance company and/or the Administrator, may reasonably require, to inspect the records of the Participant bearing on the Insurance Policies.

4. The Participant hereby appoints the Administrator (if any) acting under the Agreement of Trust to represent the Participant in all dealings with the Trustee having to do with the insurance fund, including, by way of example and not of limitation of the foregoing, such matters as instructions to the Trustee, the resignation or dismissal of the Trustee and the appointment of a successor or successors, amendment of the Agreement of Trust, the fixing and adjustment of the Trustee's fee and all other matters pertaining to the construction of the Agreement of Trust, its effect and the administration of the insurance fund.

5. In the event that the Participant shall withdraw as a Participant under the Agreement 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 insurance fund.

6. 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 original counterpart of the Agreement of Trust and all amendments thereto which shall at the time be in force and effect.

7. The Participant shall pay, when due, the cost of all group insurance applicable to the Participant's qualifying persons, members, customers or employees by means of a check or checks payable to the Trustee or its designee. Payment in any other manner shall be at the risk of the Participant.

IN WITNESS WHEREOF, on the day and year first above written, the parties hereto have caused these presents to be executed by their respective officers thereunto duly authorized.

Accepted on behalf of Trustee:

PARTICIPANT: _____

Adams & Associates International _____

By: _____

•By: _____

Administrator