

TRAVEL HEALTH INSURANCE

Royal Servants requires all participants to be covered by health insurance during the entire mission trip (Training Camp and overseas). While your domestic health insurance may cover international medical expenses, it does not cover medical evacuation or additional costs that may arise from an illness or injury.

Royal Servants purchases travel health insurance for each participant as part of the cost of the mission trip. The plan will cover many, but not necessarily all expenses in the event of a serious medical emergency. All expenses incurred that are not covered under this basic plan will be the responsibility of the participant or legal guardian. **Therefore, we strongly recommend that you consider purchasing a plan with higher limits than the insurance purchased by Reign Ministries, especially in the area of emergency evacuation.**

The travel insurance policy purchased by Reign Ministries is issued through Bursch Travel. Below is a brief summary of three plan options. Royal Servants purchases the Basic Plan for each participant. We recommend that you consider upgrading to the Plus or Premium Plan listed below. You will be responsible for the additional cost payable to Bursch Travel. You may also consider other options through Bursch Travel that will include even higher limits as well as additional travel coverage such as Trip Cancellation and Trip Interruption.

You may also consider purchasing your own travel insurance from whichever insurer you wish.

Please note that while Royal Servants is purchasing Basic travel health insurance for each participant, we are not insurance agents. Therefore, we will not be able to answer questions about the plans offered by Bursch Travel or any other insurance agencies. **Please contact John Gossen at Bursch Travel with specific questions regarding policy coverage. You can reach John by phone at 800.645.2331 or by email at john@burschtravel.com.**

Basic Plan Included in your Trip Cost

COVERAGES

Accidental Medical Expense -
\$25,000
Dental-\$750
Illness Medical Expense-\$25,000
Emergency Evacuation-\$50,000
Security Evacuation-\$100,000
Repatriation of Remains-\$25,000
Accidental Death &
Dismemberment-\$15,000
Missed Connection-\$500
Trip Delay-\$100
Baggage & Personal Effects Loss-\$500
Baggage Delay-\$50
Type of Trip-**Single Trip**
Trip Length-**Up to 60 days**
Trip Cancellation-**Available**

Plus Plan Your Cost: \$17

COVERAGES

Accidental Medical Expense -
\$35,000
Dental-\$750
Illness Medical Expense-\$35,000
Emergency Evacuation-\$300,000
Security Evacuation-\$100,000
Repatriation of Remains-\$25,000
Accidental Death &
Dismemberment-\$30,000
Missed Connection-\$500
Trip Delay-\$300
Baggage & Personal Effects Loss-\$1,000
Baggage Delay-\$100
Type of Trip-**Single or Multi-Trip**
Trip Length-**Up to 90 days**
Trip Cancellation-**Available**

Premium Plan Your Cost: \$27

COVERAGES

Accidental Medical Expense -
\$50,000
Dental-\$750
Illness Medical Expense-\$50,000
Emergency Evacuation-\$500,000
Security Evacuation-\$100,000
Repatriation of Remains-\$25,000
Accidental Death &
Dismemberment-\$75,000
Missed Connection-\$500
Trip Delay-\$500
Baggage & Personal Effects Loss-\$2,000
Baggage Delay-\$200
Type of Trip-**Single or Multi-Trip**
Trip Length-**Up to 180 days**
Trip Cancellation-**Available**

Contact Bursch Travel for complete coverage information. Pricing is subject to change.

Please fill out the back side and return to Bursch Travel with your travel health insurance choice.

Mail to: Travel Health Insurance c/o Bursch Travel, 220 Division Street, Waite Park, MN 56387

Due by May 19, 2021

TRAVEL HEALTH INSURANCE

Participant Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ - _____ - _____

Cell _____ - _____ - _____

Dates of Coverage (All of Training Camp through return)

Date leaving home: ____/____/____ Date returning home: ____/____/____

Team _____ Position _____

Travel Health Insurance Plan Choice:

I would like to purchase a higher-limit travel health insurance plan.
 I understand that the additional fees will be my responsibility to pay.
I would like to upgrade to the:

____ Plus Plan: \$17 additional cost

____ Premium Plan: \$27 additional cost

____ Other plan (Bursch Travel will contact me with options for higher limits and additional coverage. Additional cost to be determined by plan)

I will stay with the Basic Plan.



Mail completed form to:

Travel Health Insurance
c/o Bursch Travel
220 Division Street
Waite Park, MN 56387