

# YOM Travel and Health insurance registration instructions

- Go to <http://resources.yomteams.com/insurance/purchase/>

## PURCHASE INSURANCE

Purchase Medical insurance for teams serving overseas

### INSTRUCTIONS

Following instructions as you enroll for your short-term team insurance.  
[Step Guide](#)

### REFERENCE GUIDE

How many units/primary insureds would you like to enroll?  
Number of people you want to enroll for insurance coverage. If this is only for you, enter 1.  
When would you like the coverage to take effect?  
Date you would like the coverage to begin; this should be the date you will be leaving the USA.  
When would you like the coverage to expire?  
Date you would like the coverage to end; this should be the date you will be returning to the USA.  
Unit: "Individual".

Click "Default Coverage" and click "change all"

### ONLINE ENROLLMENT

- Immediate confirmation
- Printable ID cards
- \$100,000 medical coverage with deductible
- Coverage available from one to 30 days within minutes
- Daily rate for Outreach Group Travel is \$ .98 no matter the age of traveler

**ENROLL NOW**

- Click "Enroll Now"

In the popup window

- Enter the number of team members you will be purchasing insurance for.
- Enter the beginning date of the trip
- Enter the ending date of the trip
- Click "Submit"

Welcome to GROUPS.sevencorners.com - Internet Explorer...  
InPrivate https://groups.sevencorners.com/quote\_one.cfm?cipher\_id=PNK6HFBT

**SEVENCORNERS** groups  
Youth Outreach Ministries

**General Information**

How many units/primary insureds would you like to enroll?

When would you like the coverage to take effect? \* (MM/DD/YYYY)

When would you like the coverage to expire? \* (MM/DD/YYYY)

[\* You will be able to change coverage dates per individual]

Under "Default Coverage"

- Click Change All

The screenshot shows a 'Default Coverage' section with a green header. On the left, under 'Instructions', there are four steps: Step 1: Select a default coverage for the entire group by clicking the Change All button in the Default Coverage section. (If the entire group does not fall under one specific coverage type, please estimate the closest coverage type.) Step 2: If needed, add or drop units/primary insureds using the buttons located in Add / Drop Units. Step 3: Fill out all applicant information for the entire group. Each individual's coverage can be altered here to fit their exact needs, by clicking the Edit button. Step 4: Review form to ensure correct information. You can submit this form by clicking the continue button at the bottom of the screen. On the right, there are three buttons: 'Change All' (highlighted with an arrow), 'Add Unit', and 'Drop Unit'.

In the popup window

- Select the radio button
- Click "Submit"

The screenshot shows an 'Edit Coverage' popup window with a green header. It contains a table with two columns: 'Medical Maximum' and 'Deductible'. The first row has a radio button in the first column, '\$100,000 (age 80+, maximum limited to \$15,000)' in the second column, and '\$250' in the third column. At the bottom, there are 'Cancel' and 'Submit' buttons. An arrow points from the 'Submit' button in the previous list to the 'Submit' button here.

In the popup window

- Click "OK"

The screenshot shows a 'Message from webpage' popup window with a yellow header and a warning icon. The message reads: 'All units will be reset with this coverage. Please change any individuals who do not fit this description by using their Edit button.' There is an 'OK' button at the bottom right. An arrow points from the 'OK' button in the previous list to the 'OK' button here.

In the Applicant Information Section under each Unit

- Enter First Name
- Enter Last Name
- Enter birthday

The screenshot shows the 'Applicant Information' section with a green header. It contains two units, 'Unit 1' and 'Unit 2'. Each unit has a table with columns: 'Applicant', 'Effective Date', 'Expiration Date', and 'Coverage'. Unit 1 has a radio button in the 'Applicant' column, and the 'Coverage' column contains 'Medical Maximum: \$100,000 (age 80+, maximum limited to \$15,000) Deductible: \$250'. There is an 'Edit' button next to each unit's coverage information. Arrows from the list point to the 'First Name', 'Last Name', and 'Date of Birth' fields for both units.

In the "Organization/Team Information" section

- Enter your team's name (i.e. Honduras, or Peru-Medical)
- Enter email address insurance@yomteams.org

That is all the information needed for this section

- Click "Continue"

The screenshot shows the 'Organization / Team Information' section with a green header. It contains two sub-sections: 'Primary/Organization Contact Information' and 'Primary/Organization Address'. The contact information section has fields for 'Organization/Team Name', 'Primary Contact Name', 'Primary/Organization Phone', 'Primary/Organization Fax', and 'Primary/Organization Email'. The address section has fields for 'Country', 'Street', 'City', 'State/Province', and 'Postal Code'. There are 'Back' and 'Continue' buttons at the bottom. Arrows from the list point to the 'Organization/Team Name' and 'Primary/Organization Email' fields, and another arrow points from the 'Continue' button in the list to the 'Continue' button here.

Review the team member's information

Name

Birthday

Effective date

Expiration date

Coverage

If everything is correct

- Click "Continue"

| Applicant Information |                 |                 |            |                 |  |
|-----------------------|-----------------|-----------------|------------|-----------------|--|
| Unit 1                |                 |                 |            |                 |  |
| Applicant             | Effective Date  | Expiration Date | Coverage   |                 |  |
| 1 Name                | Jessie Plowden  | 05/09/2015      | 05/23/2015 | Medical Maximum | \$100,000 (age 80+, maximum limited to \$15,000) |
| Date of Birth         | 12/17/1993      |                 |            | Deductible      | \$250  |
|                       |                 |                 |            | Individual Rate | \$13.35  |
|                       |                 |                 |            |                 | Unit Total = \$13.35                             |
| Unit 2                |                 |                 |            |                 |  |
| Applicant             | Effective Date  | Expiration Date | Coverage   |                 |  |
| 2 Name                | Savannah Haynes | 05/09/2015      | 05/23/2015 | Medical Maximum | \$100,000 (age 80+, maximum limited to \$15,000) |
| Date of Birth         | 09/10/1995      |                 |            | Deductible      | \$250  |
|                       |                 |                 |            | Individual Rate | \$13.35  |
|                       |                 |                 |            |                 | Unit Total = \$13.35                             |
| Total                 |                 |                 |            |                 |  |
|                       |                 |                 |            |                 | Total: \$26.70                                   |

Buttons: Back, Continue

In the "Payment Information" of the next window

- Select "Pay By Invoice" radio button

Youth Outreach Ministries

Payment Information

Please Choose Your Preferred Payment Method

Quote Total: \$13.35

Pay By Invoice

Pay By Credit Card

In the popup window "Invoice Password"

- Enter the password **sri123**
- Click "Submit"

Invoice Password - Internet Explorer - [InPrivate]

https://groups.sevencorners.com/check\_password.cfm?theme=greens&tf=

Invoice Password

All purchases made with this option must be validated with a password. This password can be provided by your insurance agent.

Invoice Password:

Buttons: Cancel, Submit

In the "Paying by Invoice"

- Enter Name on check "Youth Outreach Ministries"
- Enter phone number "850-430-9772"
- Check email address Insurance@yomteams.org
- Enter email address where you would like a copy sent
- Check the "Attest to the payment method"
- Click "Purchase Quote"

Paying by Invoice

Please enter the following information

- 1 Full name that appears on check: Youth Outreach Ministry
- 2 Business hours phone number: 850-430-9772
- 3a Email Address (ID Cards will be sent here): insurance@yomteams.org
- 3b Email Address 2 (ID Cards will be sent here): director@hbmteams.org
- 3c Email Address 3 (ID Cards will be sent here):
- 4 All premium payments must be made in U.S. dollars. If payment is not received within 30 days, the coverage for insureds listed on the corresponding invoice will be cancelled, and any incurred claims will be considered ineligible.  
 I attest to the payment method

Please make check payable to: SevenCorners, Inc

Please include your SevenCorners Group Number on the check memo

Please mail check for full payment to:  
SevenCorners, Inc  
303 Congressional Boulevard  
Carmel, IN 46032 USA

Buttons: Purchase Quote

The next page is your confirmation , which includes a summary of the coverage for each team member and the Total Cost.

An email has been sent automatically to YOM’s accountant. You will not have to submit this invoice.

- Select “View Virtual ID”

Thank you for choosing SevenCorners for your protection needs. Each traveler has been issued an individual Virtual ID card which can be printed for easy reference from the next page. These ID cards are your proof of insurance, which provide pertinent data required to file a claim and request eligibility status from SevenCorners.

[View Virtual ID](#)

You can also view your group’s program summary by clicking on the link below.

[View Program Summary](#)

| Cert Number            | Name            | Date of Birth | Effect Date | Expire Date | Medical Maximum   Deductible                             | Rate           |
|------------------------|-----------------|---------------|-------------|-------------|--|----------------|
| LON15-150227-01TM-1002 | Jessie Plowden  | 12/17/1993    | 05/09/2015  | 05/23/2015  | \$100,000 (age 80+, maximum limited to \$15,000)   \$250 | \$13.35        |
| LON15-150227-01TM-1003 | Savannah Haynes | 09/10/1995    | 05/09/2015  | 05/23/2015  | \$100,000 (age 80+, maximum limited to \$15,000)   \$250 | \$13.35        |
| <b>Quote Total</b>     |                 |               |             |             |  | <b>\$26.70</b> |

|                         |                    |
|-------------------------|--------------------|
| <b>Check Name</b>       | <b>Check Phone</b> |
| Youth Outreach Ministry | 850-430-9772       |

|                                 |                        |
|---------------------------------|------------------------|
| <b>Organization Information</b> |                        |
| <b>Contact Name</b>             |                        |
| <b>Contact Email</b>            | insurance@yomteams.org |
| <b>Contact Phone</b>            |                        |

In the popup window

- Check the “Select All” box
- Click “Print Now”
- Click “Print Now” (to print a 2nd copy)
- Close the popup window

**Virtual ID Cards**

These ID cards will be your proof of insurance. (For best quality, please print in landscape format)

Select all or individual insureds for whom you wish to print ID Cards, then click the Print Now button.

|                                   |  |
|-----------------------------------|--|
| Jessie Plowden<br>Savannah Haynes | <a href="#">Print Now</a><br><br><input type="checkbox"/> Select All |
|-----------------------------------|--|

The team shall retain one copy and give the 2nd copy to the team member

Back in the open popup window

- Click “View Program Summary”

issued an individual virtual ID card which can be printed for easy reference from the next page. These ID cards are your proof of insurance, which provide pertinent data required to file a claim and request eligibility status from SevenCorners.

[View Virtual ID](#)

You can also view your group’s program summary by clicking on the link below.

[View Program Summary](#)

| Cert Number | Name | Date of Birth | Effect Date | Expire Date | Medical Maximum   Deductible | Rate |
|-------------|------|---------------|-------------|-------------|------------------------------|------|
|-------------|------|---------------|-------------|-------------|------------------------------|------|

In the popup window is a PDF that contents a summary of the coverages that this insurance provides

- Please “Print” a copy for the team leaders to keep with them on the mission trip
- Close this window
- Close the remaining window

This completes the insurance enrolment process. If you have any questions please contact the YOM teams director.

Email: director@yomteams.org

Phone: 850-4309772



## Lloyd’s Certificate

| U.S Coverage   | Excluded  |
|--|---|
| <b>Medical Maximums</b>                                  | \$100,000 Medical Maximum is per person per Period of Coverage. (age 80+, maximum limited to \$15,000)                |
| <b>Deductible</b>  | \$250 Deductible is per person per Period of Coverage   |
| <b>Coinsurance</b>                                       | After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.                                     |
| <b>Hospital Indemnity</b>                                | \$150 per night, up to a maximum of 30 days (Applicable to individuals traveling outside the United States only)      |
| <b>Dental (Accident Coverage)</b>                        | To a maximum of \$500 (Only available to programs purchased for 1 month or more.)                                     |
| <b>Dental (Sudden Relief of Pain)</b>                    | To a maximum of \$250 (Only available to programs purchased for 1 month or more.)                                     |
| <b>Emergency Medical Evacuation/Repatriation</b>         | \$250,000 (in addition to the Medical Maximum)  |
| <b>Return of Mortal Remains</b>                          | \$25,000  |
| <b>Return of Minor Children</b>                          | \$50,000  |
| <b>Emergency Medical Reunion</b>                         | \$50,000  |
| <b>Local Ambulance Benefit</b>                           | \$5,000   |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>   | \$10,000 principal sum for Insured  |
| <b>Loss of Checked Baggage</b>                           | \$500   |
| <b>Interruption of Trip</b>                              | \$5,000   |
| <b>Unexpected Recurrence of a Pre-existing Condition</b> | Up to \$30,000 (Applicable to U.S. and Canadian citizens traveling outside the United States; Age 65+, up to \$2,500) |
| <b>Political Evacuation</b>                              | \$10,000  |
| <b>Hospital Room &amp; Board</b>                         | Usual, Reasonable and Customary to the selected Medical Maximum   |
| <b>Intensive Care</b>                                    | Usual, Reasonable and Customary to the selected Medical Maximum   |
| <b>Outpatient Medical Expenses</b>                       | Usual, Reasonable and Customary to the selected Medical Maximum   |
| <b>Assistance Services</b>                               | Included  |
| <b>Benefit Period</b>                                    | 180 Days  |