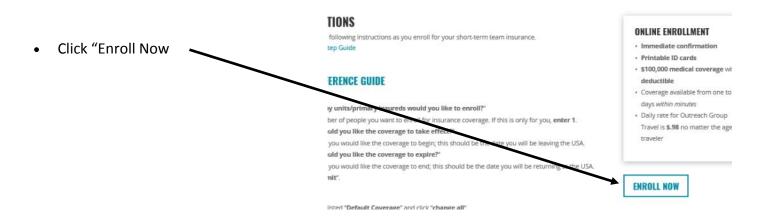
# YOM Travel and Health insurance registration instructions

Go to <a href="http://resources.yomteams.com/insurance/purchase/">http://resources.yomteams.com/insurance/purchase/</a>

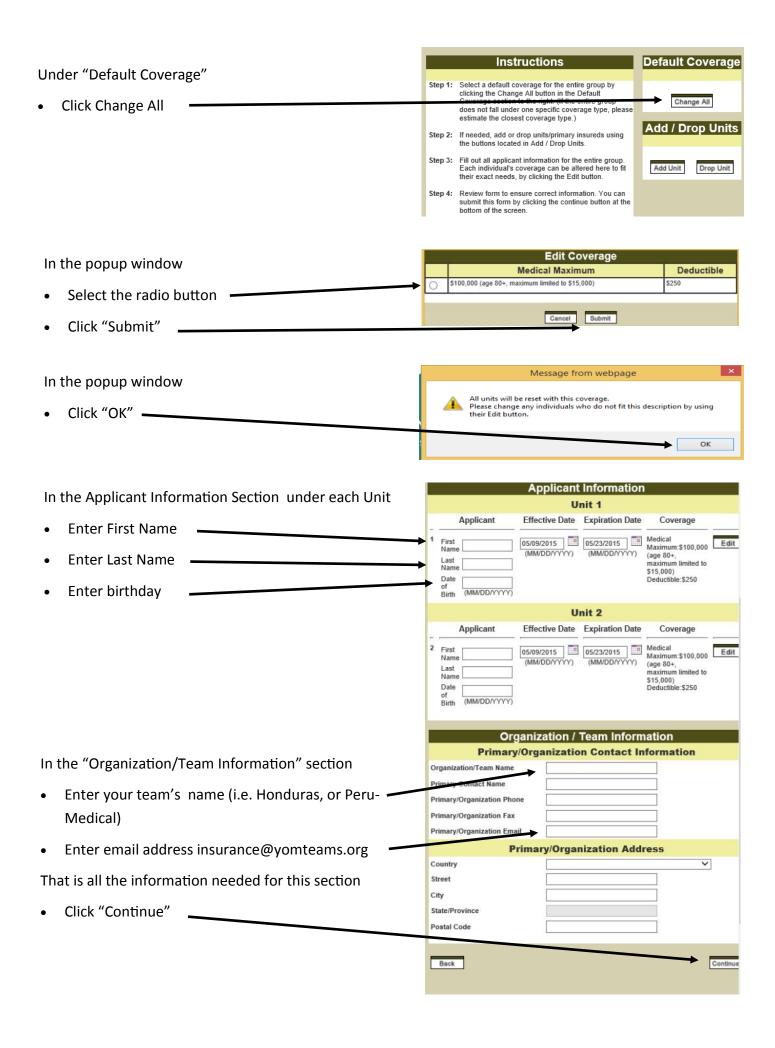


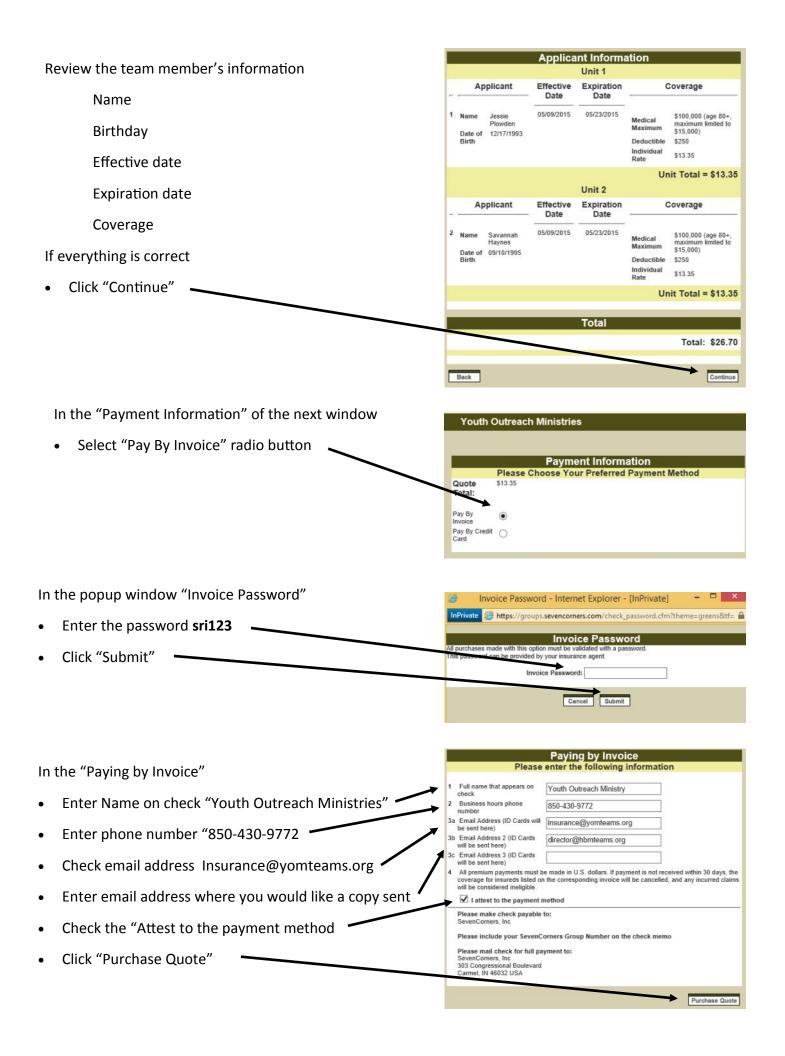
### **PURCHASE INSURANCE**

Purchase Medical insurance for teams serving overseas









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
					Quote Total	\$26.70

Check Name	Check Phone
Youth Outreach Ministry	850-430-9772

	Organization Information	
Contact Name		
Contact Email	insurance@yomteams.org	
Contact Phone		

Virtual ID Cards

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

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.

Print Now

Select All

In the popup window

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

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

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		
Medical Maximums	\$100,000 Medical Maximum is per person per Period of Coverage. (age 80+, maximum limited to \$15,000)		
Deductible	\$250 Deductible is per person per Period of Coverage		
Coinsurance	After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.		
Hospital Indemnity	\$150 per night, up to a maximum of 30 days		
	(Applicable to individuals traveling outside the United States only)		
Dental (Accident Coverage)	To a maximum of \$500 (Only available to programs purchased for 1 month or more.)		
Dental (Sudden Relief of Pain)	To a maximum of \$250 (Only available to programs purchased for 1 month or more.		
Emergency Medical Evacuation/Repatriation	\$250,000 (in addition to the Medical Maximum)		
Return of Mortal Remains	\$25,000		
Return of Minor Child(ren)	\$50,000		
Emergency Medical Reunion	\$50,000		
Local Ambulance Benefit	\$5,000		
Accidental Death & Dismemberment (AD&D)	\$10,000 principal sum for Insured		
Loss of Checked Baggage	\$500		
Interruption of Trip	\$5,000		
Unexpected Recurrence of a	Up to \$20,000 (Applicable to U.S. and Canadian citizens traveling outside the United		
Pre-existing Condition	States; Age 65+, up to \$2,500)		
Political Evacuation	\$10,000		
Hospital Room & Board	Usual, Reasonable and Customary to the selected Medical Maximum		
Intensive Care	Usual, Reasonable and Customary to the selected Medical Maximum		
Outpatient Medical Expenses	Usual, Reasonable and Customary to the selected Medical Maximum		
Assistance Services	Included		
Benefit Period	180 Days		