



ACE American Insurance Company
Philadelphia, PA 19106

**BENEFICIARY
DESIGNATION/CHANGE
FORM**

The insurance company automatically designates beneficiaries to the first surviving class of the following class of persons: your spouse; your child or children; your mother or father; your sisters or brothers; and finally, your estate. If you wish to designate your beneficiaries differently than this sequence, you must complete this form and return it to the Policy Holder.

Policy Information	
Policy Number:	Policy Effective Date:

Insured Information			
Insured Name:	Social Security No.:	Home Phone Number:	Work Phone Number:
Address:			

Primary Beneficiary Information			
List your beneficiary(ies) and the percentage payable to each. If no percentage is indicated, the beneficiaries will share the benefit equally.			
Name	Social Security No.	Relationship	Percentage
			Total:

Contingent Beneficiary Information			
A contingent beneficiary will only receive a benefit if all primary beneficiaries are deceased. The contingent beneficiary for all benefit plans is your estate unless you choose another beneficiary. If you choose a contingent beneficiary other than your estate, list this beneficiary(ies) and the percentage payable to each below. If no percentage is indicated, the beneficiaries will share the benefit equally.			
Name	Social Security No.	Relationship	Percentage
			Total:

Insured's Signature: _____

Date: _____

Assumption of Risk, Release, and Indemnity Agreement Foreign Travel

What an honor it is to have you volunteer for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God. We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to Assemblies of God. Your application cannot be processed without the proper signatures on this form.

Participant Information

(Please Print Legibly)

Name of Participant: _____ Email: _____
Address: _____ Telephone: _____
Name of Emergency Contact: _____
Daytime Phone: _____ Evening Phone: _____

Detailed Description of Activities:

Transportation (as of this date), Subject to Change:

Activities Including but Not Limited to:

Dates and Locations of Activities:

WARNING REGARDING COVID-19

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that the General Council has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the General Council cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the General Council and its employees and staff. I voluntarily seek to participate in the above event and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I am solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

Under Missouri law, any individual entering the premises or engaging the services of the business waives all civil liability against the individual or entity for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, and/or have not tested positive for COVID-19 within 10 days prior to the event.

I, _____ IN CONSIDERATION of my acceptance as a volunteer on this missionary trip in cooperation with the Assemblies of God, and other considerations the sufficiency of which is acknowledged, represent and agree that:

- Status - I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of the General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.

- Risks of international travel; U.S. State Department and CDC warnings - I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease (including Coronavirus/COVID-19); inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from international destinations; and foreign political, legal, medical, social, and economic conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet, and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>) and Travel.State.Gov.

I understand and agree that if, during my participation in the above-described activities, the travel leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the travel leader may contact the person whose name I have provided as my "emergency

contact." I understand that the travel leader ordinarily will not initiate such contact without first having a discussion with me.

3. GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACVITIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

4. Insurance Election - I am aware of the hazards and risks to myself associated with serving in a mission's capacity. I further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.



Travel Insurance Program
 Volunteer Travel Insurance
 Insured by **CHUBB**™

For Medical or Security Assistance:
 Call outside the US +1-202-659-7803
 Within US and Canada 1-800-243-6124
 Email: OPS@europassistance-usa.com
 Policy: ADDN10846419
 24 HOURS A DAY/7 DAYS A WEEK

	Foreign Missions
Administered by	AGFinancial Insurance
Accidental Death & Dismemberment	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000
Out of Country Medical Expense Benefit (Injury & Sickness)	\$100,000 benefit \$0 deductible
Emergency Medical Evacuation	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses
Family Coordination / Emergency Medical Reunion	100% of covered expenses
Security Evacuation, including natural disaster evacuation	\$100,000
Foreign General Liability/Auto Liability	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	Worldwide

Mission Assure™ Travel Insurance Program is for AG short-term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

5. Minor children - In the event that I have minor children who will accompany me on my assignment, I take full responsibility for their supervision, safety and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. Ransom policy - I understand and accept the following policy regarding ransom payments:

The World Missions Board has determined that the General Council of the Assemblies of God will not pay ransom or yield to the demands of anyone who takes one of our missionary family or staff hostage. General Council of the Assemblies of God pledges itself to every effort in prayer and will take all reasonable steps to secure the release of any member held hostage and/or detained. General Council strongly opposes the payment of any extorted commodities or service and will not pay expenses incurred by captors. General Council will not permanently concede land or remove missionaries from ministry locations as a part of any negotiated settlement with hostage takers. General Council believes that this approach helps reduce the risk of General Council personnel being targeted for kidnapping and was made after sufficient study of the policies of other evangelical missionary agencies and after considering the advice of the United States State Department.

7. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.**

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

Signature of Participant

Printed Name of Participant

Witness Signature

Date Witnessed