

# Individual Insurance form -WJ Insurance Application

United Methodist Volunteers in Mission, Western Jurisdiction

[umvimwj@gmail.com](mailto:umvimwj@gmail.com)

**INSTRUCTIONS:** Submit form and payment to your Team Leader. Team Leader will make payment by credit card or check per instructions on the UMVIMWJ Website: <http://umvimwj.com> Policy Details are also available at the website: <http://umvimwj.com>

First name Middle Last  
Date of Birth Conference  
Church (Name & City) Pastor's name  
Home Address  
City State Zip Code  
Home phone Cell Email

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Beneficiary Estate/will Name Relationship  
Date of Departure Date of return Total # days  
Sponsoring organization (church affiliation)  
Anticipated project/host  
Destination

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Release of Liability (this must be signed by Applicant for application to be valid and to receive insurance). I understand that the United Methodist church, the General Board of Global Ministries, and the United Methodist Volunteers-in-Mission, Western Jurisdiction program assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while serving as a person in mission. I, my heirs, personal representatives and assigns, hereby absolve the above named United Methodist groups and hold them harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed Date  
Witnessed by Date

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Coverage Level	Administration Fee	\$10,000	\$25,000	\$50,000
International	\$15.00/team member	\$2.00/day	\$2.25/day	\$2.50/day
Domestic	\$5.00/team member	N/A	\$0.75/day	N/A

Total # days          x          Rate          =          Insurance Cost          +          Administration fee          =          Total Due