

DOMESTIC - UMVIM Accident & Medical Coverage for Teams Serving in the US
\$1.25 / day / person • SCJ United Methodist Volunteers In Mission

Destination City / State:		
Project name:		Type of ministry:
Team Leader:		
Team Leader Address/City/State/ZIP:		
Team Leader Email:		
Team Leader Phone:		Total # of travelers
Sending Church, District or Conference:		

No.	Traveler Name	Date of Birth	Departure Date	Return Date	Total Days	Cost	Notes
ex.	JOHN WESLEY	6/28/03	6/1/20	6/5/20	5	\$ 6.25	
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TOTAL Premium Due: \$ -

INSTRUCTIONS: Fill in the top portion with appropriate team information. Fill out the bottom section with the names of all missionaries including the TL. Form will automatically calculate cost per missionary and total amount due. Use additional sheets as needed.
 Make check payable to: UMVIM-SCJ. Mail check and printed form to:
 UMVIM-SCJ, 15814 Champions Forest Dr. #1968 Spring, Texas 77379.
 Additionally, email a copy of the completed form to: scj@umvim.org.