



## Passport to Ministry® Application for Short-Term Missions Trips for the Assemblies of God

### Section I — Church Information

Church or District Office name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Please list the name of the person to send the policy, supplies, and future correspondence to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please list the name and address where the Team Leader kit should be sent (if different than above): \_\_\_\_\_

### Section II — Trip Information

Purpose for trip: \_\_\_\_\_

Trip destination: \_\_\_\_\_ If Mexico, lodging in:  United States  Mexico

Trip departure date: \_\_\_\_\_ Trip return date: \_\_\_\_\_

Will any of your travelers be departing prior to, or returning after, your group's departure and return dates?  Yes  No

If yes, please list those travelers below and indicate the number of days each will be extending their trip before or after the group's departure and return dates: Example: Steve Jones, 7 days prior, Sarah Cook, 2 days after

### Premium Calculator

Coverage Options (Check one)	Medical Limits Accident or Sickness	Cost per Day per Traveler	No. of Travelers	No. of Travel Days (Include departure day and return day)	Premium Amount
<input type="checkbox"/> Option 1	\$100,000	\$4.50	X	X	=
<input type="checkbox"/> Option 2	\$50,000	\$3.10	X	X	=
<input type="checkbox"/> Option 3	\$25,000	\$2.35	X	X	=
<input type="checkbox"/> Option 4	\$10,000	\$1.65	X	X	=
<b>Policy Administrative Fee</b> (Only payable if this is a new policy or a renewal policy.)					\$15.00
<b>Overnight Mailing Fee*</b> (Only payable if overnight mailing is required.)					\$20.00
<b>Total Due</b> (The entire payment is due prior to trip departure.)					\$

\*Overnight Mailing Fee - You need to receive your Team Leader kit and Travel ID cards before your departure date. If we need to overnight your materials to accomplish this, you'll be charged a \$20 overnight mailing fee.

Please send the total premium and completed application to the address below. Make checks payable to: Brotherhood Mutual Insurance Company.

Brotherhood Mutual, Attn: Passport to Ministry®, P.O. Box 2227, Fort Wayne, IN 46801-2227.

For those trips requiring immediate attention, fax the application, roster, and a copy of your check to Brotherhood Mutual at 877-314-5382; then mail the originals to the above address.

Brotherhood Mutual Agency Information: (Fill out only if you are purchasing this policy through a Brotherhood Mutual agent.)

Agency name: \_\_\_\_\_

Agent's name: \_\_\_\_\_ Agent's #: \_\_\_\_\_

# Passport to Ministry Application

Ministry/organization name: \_\_\_\_\_

## Section III

### Trip Roster

Organization name: \_\_\_\_\_

Destination: \_\_\_\_\_ Depart U.S. \_\_\_\_\_ Return U.S. \_\_\_\_\_

Policy number: (if known) \_\_\_\_\_

Name of team leader: \_\_\_\_\_

Address where team leader kit should be mailed for this trip: \_\_\_\_\_

(City)

(State)

(Zip)

Name of Traveler	Date of Birth	Passport ID Number	
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee

To list additional travelers, please photocopy this page or attach a second sheet with the needed information.