



GlobalDentalExpeditions

4105 E. Florida Ave. Ste #200 | Denver Colorado 80222 | globaldentalrelief.org
303.858.8857 | 800.543.1171 | volunteer@globaldentalrelief.org

Overseas Travel Protection

While Global Dental Expeditions does everything in its power to make your trip an adventurous, yet safe one, there are unforeseen risks involved in overseas adventure travel. There are risks caused by events completely beyond your control that may alter your travel plans or expose you to unforeseen financial risk. A trip interrupted by an illness or other emergency can cost thousands of dollars in air fare and missed trip arrangements. In an attempt to minimize the financial impact that these risks may have on your journey, we require that you purchase or prove that you have a comprehensive travel and medical insurance plan which includes:

- Trip Cancellation and Interruption Insurance
- Emergency Medical Evacuation and Assistance
- Accidental Death / Sickness
- Loss of Baggage and Personal Effects

** All passengers must complete and return pages 3 and 4 of this document to verify that coverage is in place.*

We have discovered that most personal medical or homeowners policies just do not provide complete coverage for all risks associated with travel, simply because they are not designed to cover overseas expenses. We have found that Travel Insured Internationals' Worldwide Coverage Protector Plan is very reliable and has an established reputation for quality and value. Please see page 2 for a description of the benefits offered by Travel Insured International.

Personal Group, Individual and HMO Insurance Plans

Many people believe that their personal, individual group or HMO insurance will cover their medical expenses while abroad. Some insurance companies do cover their clients medical expenses, but always ask your insurance company...do not assume anything. Many insurance companies will require that you pay for medical expenses up front and once you return to the United States you can make a claim using your receipts. Also note that the majority of medical plans do not cover medical evacuations outside the United States. This is one of the reasons that Global Dental Expeditions requires that you purchase or prove that you have this protection.

Many clients ask where else they can purchase trip cancellation or medical evacuation coverage. Insurance that is specially designed for trip cancellation is difficult to find. Policies are generally only offered through a travel agency or tour operator in conjunction with a trip you have booked with them. This is another reason why Global Dental Expeditions offers a comprehensive travel insurance policy for its volunteers.

Travel Insurance International
Represented by: The Travels Insurance Company

Global Dental Expeditions has spent considerable time researching and “trying out” travel insurance companies and we have found that The Travelers Insurance Company offers the most comprehensive and reasonably priced policy. The following is a summary of the insurance offered in this policy.

Schedule Of Benefits *for* The Comprehensive Protection Plan

- Trip Cancellation up to trip cost
- Trip Interruption equal to 150% of Trip Cancellation limit
- Travel Delay (after 6hrs) and Missed Connection up to \$300
- Loss of Baggage / Personal Effects up to \$1000 and Baggage Delay up to \$200 after 24hrs
- Emergency Medical / Dental up to \$10,000 and Emergency Medical Transport up to \$50,000
- 24 -hr Accidental Death & Dismemberment up to \$10,000 / 24-hr Assistance

To purchase this insurance go online to www.travelinsured.com

Verification of Insurance Protection

All Global Dental Expeditions Volunteers must complete and sign the front and back of this page and mail to Global Dental Expeditions with final tour payment. Final travel documents for your volunteer project cannot be issued until Global Dental Expeditions receives this completed document. In order to volunteer with Global Dental Expeditions you must provide proof of travel insurance coverage to as requested below. You will also be asked to provide written proof of alternate travel insurance to your tour leader prior to joining your tour.

yes ___ no ___ I have purchased Trip Interruption, Cancellation and Emergency Medical Evacuation coverage. Complete the following:

- Insurance company providing Trip Interruption and Cancellation for your trip:
Company Name: _____
Policy No. _____ Policy Limit \$ _____
Company emergency claim reporting phone No. _____
- Company Providing Emergency Medical Evacuation and Assistance on your trip:
Company Name: _____
Policy No. _____ Policy Limit \$ _____
Company emergency claim reporting phone No. _____

yes ___ no ___ I have purchased Travel Accident and Medical Expense coverage. Complete the following:

- Insurance Company, HMO, etc. _____
Policy No. _____ Policy Limit \$ _____
Company emergency claim reporting phone No. _____
- Health Insurance broker, agent or employer who arranged your insurance coverage:
Company Name: _____
Address _____
Contact Name _____ Phone No. _____
- Does your health insurance plan provide coverage outside the US? **YES NO**

yes ___ no ___ I have purchased Travel Baggage insurance from The Travelers. List the company that covers your personal effects while traveling:

- Company Name _____
Type of Policy (Homeowners, Renters, Travel, etc.): _____
Policy limit for "contents" or "personal effects": \$ _____
- Is coverage valid worldwide? **YES NO**

I, the undersigned, understand that I alone am responsible to determine if my personal policies listed above are valid & adequate for my travel needs. I further understand that my trip leader has the right to prohibit me from participating in the trip if I cannot provide written proof of adequate insurance.

Print Name

Sign Name

Date

Tour Name / Dep. Date

Waiver of Liability and Assumption of Risk
(Must be signed by all Global Dental Expeditions Volunteers)

I understand that I am required to carefully read and sign this Waiver of Liability and Assumption of Risk before Global Dental Expeditions can send me final trip project documents. I accept that Global Dental Expeditions has and will advise me to the best of its ability, with valid information regarding passport, visas and international health requirements, but it is my responsibility to ensure that passports, visas, travel permits, health certificates, insurance of all types, inoculations, or other documentation required are obtained, current and in order. I understand that Global Dental Expeditions advises me to obtain the following insurance which I understand is commercially available:

- 1) Trip Interruption and Cancellation Insurance
- 2) Emergency Medical Evacuation and Assistance
- 3) Accidental Death / Sickness
- 4) Loss of Baggage and Personal Effects

I will not hold Global Dental Expeditions, its employees or regional tour operators responsible for my failure to purchase adequate insurance coverage or sufficient coverage limits. I am aware that adventure travel contains inherent risks of illness, injury, death or loss and damage to property which may be caused by negligence of others, forces of nature and other causes known or unknown. I am aware that such risks may be present before, during and after the trip I am participating in under the arrangements of Global Dental Expeditions and its associates and or regional operators. I am also aware that medical facilities may not be available during the time I am participating in this trip.

In consideration of, and as a part of payment for the right to participate in this trip, and the activities, transportation, services and food arranged for me by Global Dental Expeditions and its agents or operators, I (heretofore referred to as "Releasor") certify that I have read all of the above and fully understand its contents. I agree and on behalf of any minors accompanying me to hold Global Dental Expeditions, its officers, owners, employees and suppliers (heretofore referred to as "Releasees") harmless of any accidents, claims, losses, damages, or liabilities, including death, disability, injury, or loss or damage to Releasor or Releasor's property, which might occur, including without limitation those caused by the sole or concurrent negligence of Global Dental Expeditions. I expressly assume any and all risks with respect to the activities and circumstances described herein and within tour itinerary and documents, and pledge not to sue Releasees on account of any losses, claims, costs, liabilities or damages, and further, I agree not to claim the unenforceability of this agreement. I agree that the forgoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators, and members of my family, and shall also be binding upon any minors accompanying me.

Name of accompanying minor(s) (if any) _____

Print Name _____

Signature _____ Date _____

Global Dental Expeditions
4105 E. Florida Ave Ste #200
Denver, Colorado 80222
800-543-1171

[Back to Register for Trip page](#)