

Application Form

Pathfinder and Adventurer Club Insurance

Pathfinder/ Adv. Club Name: _____ Sponsoring Church: _____

Pathfinder/ Adv. Leader Name: _____

Phone: _____ Email: _____

Cost of Pathfinder Insurance per Member (this is for Pathfinders/Adventurers and staff)

\$2.76 per member / 9 month program (Policy Year is September 1, 2016 – June 1, 2017).

On the Summary of Coverage, this is a Class 1 coverage (summary of coverage located at rmcap.org)

This is an Excess Policy – Individual or Parent’s Health Insurance is Primary

Please submit your club application to Kiefer Dooley by Thursday, September 15, 2016 and we will submit the club application as a group so we will have no problem meeting the minimum premium. If you submit your club application after September 15, 2016 your club application will not be submitted as a group but will be submitted as a single club application. You may be affected by the minimum premium requirement of \$100.00. See examples below.

Submit a club roster with your application

	Number of Days/Mos.	Total # of Enrolled Path/Adv or Staff	Cost of Program Per Member	Premium Due
Example	9 month	10	\$2.76	\$27.60 (if submitted by Sept 15, 2016 as a group with other applications)
Example	9 month	10	\$2.76	\$100.00 (if submitted after Sept 15, 2016 as a single club application)
Please fill in your info. here	_____	_____	_____	_____

Please email your application to: kieferd@rmcsda.org or

Mail to: Rocky Mountain Conference of Seventh-day Adventists

Attn: Kiefer Dooley

2520 S. Downing St

Denver CO 80210

Phone: Kiefer: 303-282-3664 or Linda: 303-282-3634

Signature of Pathfinder/Adv Leader _____ Date: _____

