

FELLOWSHIP OF CHRISTIAN THEATRICS

OPTIONAL EVENT INSURANCE

NOTICE: To take part in an FCT event, each cast member must have a signed Digital Medical Release Form with their insurance company and policy listed. A cast member who cannot provide proof of insurance must purchase the policy below. A cast member who has insurance and wants added protection may also purchase it. This policy is secondary insurance: it covers only what the primary insurance does not.

BENEFITS Accidental Medical — \$5,000 Accidental Dental — \$500	PERIOD OF COVERAGE While attending an FCT event	ELIGIBILITY Cast members and troupe leadership
COST \$10	DEDUCTIBLE \$100	POLICY Secondary to the family's own insurance

IMPORTANT: The policy offered by FCT pays "reasonable expenses": fees and prices that do not exceed those generally charged for similar medical or dental care where the injured person received care. Payment is reduced by the medical benefits of any other plan. In the event of an injury, the family is responsible for carefully reviewing the medical charges for accuracy. **THIS POLICY IS SECONDARY TO AN EXISTING PRIMARY POLICY.** The complete policy is on file in the FCT office and is available on request.

DIRECTORS: Please make all of your cast members aware of this policy. Rehearsals and performances are physically demanding, so families must plan ahead and secure adequate medical coverage.

To secure this policy, complete and return this form with payment.

Insured person's name: _____ Age: _____
Program / Troupe: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Parent/guardian: _____ Phone: _____
Event: _____ Location: _____

Payment: \$10 — cash, money order or certified check only (no personal checks), returned to your director. Directors send the forms and payments to the FCT office together. **Forms mailed individually are not accepted.**

FOR OFFICE USE ONLY

Date rec'd: _____ Amount paid: _____
Check #: _____ Cash: _____ Charge: _____