

FURLOUGH PREMIUM REQUEST FORM

Please complete the following information to request continuation of the overseas premium for missionaries returning to the United States on furlough. Submit the original to International Medical Group with your monthly invoice.

1. **NAME OF MISSION BOARD** _____
2. **NAME OF MISSIONARY** _____
3. **NUMBER OF FULL, CONSECUTIVE MONTHS RESIDING OVERSEAS AND PAYING OVERSEAS PREMIUM** _____

If the answer to number 3 is less than 6 months, the Missionary is not eligible to continue overseas premium while in the United States on furlough.

If the answer to question number 2 is 6 months or greater, the Missionary is eligible to continue paying the overseas premium for up to 12 months while in the United States on furlough. Please refer to the chart below to determine how many months of furlough are available, then complete the statement below.

| <i>Number of Full Months Overseas</i> | <i>Number of Months of Furlough Available</i> |
|---------------------------------------|---|
| less than 6 | 0 |
| 6-11 | 1 |
| 12-17 | 3 |
| 18-23 | 4 |
| 24-29 | 6 |
| 30-35 | 7 |
| 36-42 | 9 |
| 43 or more | 12 |

_____ Is eligible for _____ Months of furlough.
(Name of Missionary) (See Chart)

Please begin furlough on _____. *Date is the date of arrival in the U.S.

Please end furlough on _____. *Date is the date departing the U.S.

(Signature of Person Completing this Form)

(Date Submitted)

*Please "suspense" your records with the above information, as well.

This form must be completed for all Single or Family participants returning to the United States on furlough. Participants returning to the United States who do not qualify for furlough premium or who do not have this form completed by the United States office are subject to paying the United States premium for any month in which they are in the United States on the first day of the month.