



## Additional Insurance Request

**For information about required and optional insurance, please see Insurance Descriptions/Explanations below.** To purchase additional insurance, complete and submit this form with the appropriate fee at least **2 weeks** before the event date. Forms can be submitted by mail, faxed or emailed to [gshelper@comgirlscouts.org](mailto:gshelper@comgirlscouts.org).

Leader Name: \_\_\_\_\_ Troop #: \_\_\_\_\_ SU Name or #: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Name: \_\_\_\_\_

Name & Address of Event Location: \_\_\_\_\_

Activities: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**COMPLETE THE CHART BELOW FOR THE TYPE OF INSURANCE COVERAGE NEEDED: Choose One**

- Plan 2: Required:** Accident only coverage for nonmembers participating in Girl Scout troop or service unit activities  
**Required:** Troop activities lasting more than 3 days/2 nights for registered participants - Accident only coverage not covered under Basic Insurance. (\$0.11 per person per day)
- Plan 3E: Supplemental** accident **and** sickness coverage for troop travel 4 days/3 nights or longer. (\$0.29 per person per day)
- Plan 3P: Primary** insurance for accident **and** sickness coverage for troop travel 4 days/3 nights or longer. (\$0.70 per person per day)
- Plan 3PI: Required:** Accident and sickness coverage for troops participating in international trips. (\$1.17 per person per day)

PLAN	Number of Participants	Number of <u>Calendar Days</u>	Number of participants X Number of days	Premium each day	TOTAL DUE
<i>Example</i>	15	2	30	@ .11	\$3.30
2				@ .11	
3E				@ .29	
3P				@ .70	
3P-1				@ 1.17	

Payment: Submit forms at least 2 weeks in advance of your event by calling 804 746-0590 ext. 305 or emailing [gshelper@comgirlscouts.org](mailto:gshelper@comgirlscouts.org) with your troop debit card. If mailing, checks should be made payable to GSCV. The minimum cost for all premiums is \$5.00. Coverage begins at the time of departure and ends upon returning date, therefore be sure to include beginning and returning travel days in your calculations.

Check #: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp.# \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Insurance Descriptions/Explanations

A portion of the individual annual GS membership dues pays for supplementary/basic insurance for Girl Scout members only. This insurance provides up to a specified maximum for medical expenses incurred because of an accident while a member is participating in an approved, supervised Girl Scout activity lasting two nights or less, after the individual's primary insurance pays out. This is one reason that all adults and girls should be registered members. Non-registered parents, tagalongs (brothers, sisters, friends), and other persons are not covered by basic coverage.

Per 2018 Safety Activity Checkpoints, pg. 8, trips that are three overnights or more are not covered under automatic activity insurance. International trips and any activity with non-members are not automatically covered. Activity accident insurance for members must be individually purchased under the following scenarios:

- Involve three or more overnights
- Take place outside US territory
- Include non-members, such as siblings, and friends

For plan descriptions, see below or visit [Mutual of Omaha's website \(https://www.mutualofomaha.com/girl\\_scouts\\_of\\_the\\_usa/forms.html\)](https://www.mutualofomaha.com/girl_scouts_of_the_usa/forms.html) for more detailed information. To purchase additional insurance, submit request to [gshelper@comgirlscouts.org](mailto:gshelper@comgirlscouts.org).

### ***Types of Additional Insurance:***

#### **Plan 2 Accident only insurance - \$0.11 per participant per calendar day**

Required: For *member's participating* in approved Girl Scout activities lasting 4 days/3 nights or longer.

Required: For non-members *participating* in an approved and supervised Girl Scout activity such as Thinking Day or Father Daughter Dance.

#### **Plan 3E Accident and Sickness Insurance (supplemental to individual's insurance) - \$0.29 per participant per calendar day**

Optional: For *member and non-member participants* in approved Girl Scout activities 4 days/3 nights or longer. This acts as a supplement to an individual's personal insurance.

#### **Plan 3P Accident and Sickness Insurance -(primary insurance) - \$0.70 per participant per calendar day**

Optional: For *member and non-member participants* in approved Girl Scout activities – most often purchased for council sponsored activities such as resident camp or for troop travel of 4 days/3 nights or longer. This acts as a primary and is recommended for trips outside council boundaries.

#### **Plan 3PI Accident and Sickness Insurance for International Trips - \$1.17 per participant per calendar day**

Required: For *member participants* in approved international trips. Primary coverage, not subject to coordination of benefits and includes emergency travel assistance service. See Mutual of Omaha website for details.

If troops are purchasing the EF Global Protection insurance, they do *not* have to purchase the Mutual of Omaha 3PI on top of that. Every individual traveling should have accident/sickness insurance that works internationally. Plans differ. Be aware of differences and plan accordingly. Please forward any questions to [activityapproval@comgirlscouts.org](mailto:activityapproval@comgirlscouts.org).