

 **REQUEST FOR ADDITIONAL INSURANCE**

**PLAN 1 (BASIC INSURANCE)** Coverage is automatically provided to girls and adults who register as Girl Scout members. The basic plan covers every registered Girl Scout and Adult Member for any approved, supervised activity of the Girl Scouts, except activities lasting more than two (2) consecutive nights (a third night is covered if the event is over an official federal holiday). *[This plan is secondary insurance coverage.]*

**PLAN 2 (ACCIDENT INSURANCE)** Same type of coverage as Basic Insurance but designed specifically for: events/activities lasting more than two nights (or more than three nights if over an official federal holiday)/or it covers non girl scout members (non-members are girls 5-17) for any approved, supervised activity of the girl scouts. If covering nonmembers for a program when the exact numbers are not available, use a reasonable estimate to determine the number of nonmember participants. *[This plan is secondary insurance coverage.]*

**PLAN 3E (ACCIDENT AND SICKNESS INSURANCE)** Same coverage as Insurance Plan 2, but also includes sickness coverage and is designed for the same type of events as Plan 2. *[This plan is secondary insurance coverage.]*

**PLAN 3P (ACCIDENT AND SICKNESS INSURANCE)** Same accident and sickness coverage as Plan 3E, but is not subject to the "non-duplication provision." Plan 3P is for travel within the United States. The payment of bills—by cash or credit card—by the leader is expected and the leader can be reimbursed quickly. *[This plan is primary insurance coverage.]*

**PLAN 3PI (INTERNATIONAL ACCIDENT AND SICKNESS INSURANCE, REQUIRED FOR INTERNATIONAL TRAVEL)\*** Includes essentially the same coverage found in Plan 3P, but with a Travel Assistance Services "safety net" feature added for International travel purposes. Should a medical or other emergency occur while abroad, or if there are concerns before making a trip abroad, the Council or group leader is a free telephone call away from mobilizing AXA Assistance resources to provide their "hands on" assistance as detailed in the Description of Coverage. *[Attach a copy of the trip roster to the enrollment form.]*

ALL above plans for additional insurance must be purchased for the entire period of the event and for 100% of the participants. When figuring cost, remember to count ALL days of the event, including the date of departure and the date of return.

**PLEASE SUBMIT TWO TO FOUR WEEKS PRIOR TO DEPARTURE DATE**

<input type="checkbox"/> <b>PLAN 2</b> \$0.11 Person/Day	<input type="checkbox"/> <b>PLAN 3E</b> \$0.29 Person/Day	<input type="checkbox"/> <b>PLAN 3P</b> \$0.70 Person/Day	<input type="checkbox"/> <b>PLAN 3PI</b> \$1.17 Person/Day
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<b>Departure Date</b> (mm/dd/yy)	<b>Return Date</b> (mm/dd/yy)	=	<b>Total # of Days</b>	x	<b>Total # of Participants</b>	x	<b>Insurance Rate Person/Day</b>	=	<b>TOTAL AMOUNT DUE</b>
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

**MINIMUM \$5.00 – NO REFUNDS – DO NOT SEND CASH**

**Make Check or Money Order Payable to: UNITED OF OMAHA**

Troop # \_\_\_\_\_ Leader's Name \_\_\_\_\_ Phone (home) \_\_\_\_\_

Leader's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email Address \_\_\_\_\_

Trip or Event \_\_\_\_\_ Location/Destination \_\_\_\_\_

**Mail completed form with your check or money order to (no cash):**

Girl Scouts–Arizona Cactus-Pine Council, Inc.  
ATTN: Additional Insurance  
P.O. Box 21776 • Phoenix, AZ 85036-1776

\* All troop/groups travelling internationally must notify their council and submit an *Intent to Travel* form to GSUSA three to six months before departure. If travelling with minors a *Permission for Minors to Travel* form must be completed and submitted to the council. Both forms can be found at [www.girlscouts.org/program/gs\\_central/forms/](http://www.girlscouts.org/program/gs_central/forms/)