

## Plan 2, 3E, 3PI Enrollment Form

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Every registered member of Girl Scouts (girls and adults) are automatically covered under Mutual of Omaha's, Plan 1 this is their Basic Activity Accident Insurance Plan. This plan covers any approved and supervised Girl Scout activity which is for two consecutive nights or less in length (up to three consecutive nights if one of the nights is a federal holiday). This plan does not include sickness coverage.

### Trip and Event Insurance

***For events with non-registered Girl Scout:*** Plan insurance is "Additional Insurance" for events lasting 2 nights or less (or 3 nights on a federal holiday weekend (The form says "Number of Participants." this means non-registered participants.) Please be aware that if your event last from Friday evening to Sunday morning, that counts as 3 days (under "number of days"). Each day of the week is considered a new day. The minimum fee is \$5.00.

**Plan 2 – Excess Coverage – Accidents Only.** This plan is for any event with non-registered participants and for any Girl Scout approved and supervised activities lasting 2 nights or more (or 3 nights on a federal holiday weekend) with registered and non-registered participants, the cost of the insurance is \$0.11 per person, per day. The minimum fee is \$5.00.

**Plan 3E – Accident and Sickness – Excess Coverage – This plan offers accident and sickness coverage.** This plan is for any Girl Scout approved and supervised activities lasting 2 nights or more (or 3 nights on a federal holiday weekend) with registered and non-registered participants, the cost of the insurance is \$0.29 per person, per day. The minimum fee is \$5.00.

**Plan 3PI – Accident and Sickness Insurance – International –** The plan is for and travel outside of the USA, for all participants (registered and non-registered) in Girl Scout approved and supervised activities, this plan combines accident and sickness insurance with emergency travel assistance. The cost is \$1.17 per day, per calendar day. The minimum fee is \$5.00

**Please make checks payable to GSCCC and include Event Name, Date and Location on the Memo portion of the check.**

**Girl Scouts of California's Central Coast**

**Attn: Insurance**

**10550 Merritt Street**

**Castroville, CA 95012**



## Plan 2, 3E, 3PI Enrollment Form

Submit the completed enrollment form through the Girl Scouts of California's Central Coast Council for approval.

1. Please include payment when turning this Enrollment Form.

**Make Checks payable to GSCCC and include Event Name, Date and Location on Memo portion of check.**

2. In the event that your request for insurance is denied, payments attached to this form will not be processed. Please allow 30 days for your check to clear.

3. Enrollment form must be received by the Girl Scout of California's Central Coast Council at least 3 weeks prior to the initial date of Girl Scout event.

FROM:

Name (Person Submitting Form) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Council approval is required – forms without the appropriate Council signature cannot be processed: troop leaders should not submit enrollments directly to Mutual of Omaha Companies.**

Council Code No. : **635**

Leader name or name of person submitting this form: \_\_\_\_\_

Please provide Accident Insurance to cover all enrolled participants in the following approved, Supervised Girl Scout activities (except statutory employees covered under workers' compensation)

### Schedule of Each Event

			(1)	(2)	(3)	(4)	(5)	
Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number Participant Days (1x2)	Premium Each Day @ \$0.11	Total (3x4)	Plan Type
Sample: Camping Big Sur	2/5/xx	2/9/xx	25	5	125	\$0.11	\$13.75	Plan 2
						\$0.11		Plan 2
						\$0.11		Plan 2
						\$0.11		Plan 2
						\$0.11		Plan 2
						\$0.29		Plan 3E
<b>Total</b>	<b>N/A</b>	<b>N/A</b>				<b>\$1.17</b>		<b>Plan 3PI</b>

Check made payable to GSCCC for the TOTAL PREMIUM shown above is enclosed. MINIMUM PREMIUM is \$5.00, except that several enrollment forms included in one submission may be combined to meet the minimum.

Council Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_