

Every registered member of Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance (Plan 1). The Basic Plan covers registered members for any approved, supervised Girl Scout activity lasting two consecutive nights or less (three nights when one of the nights is a federal holiday).

Other Optional Plans, described below, are available for Girl Scouts taking extended trips and for non-members who participate in Girl Scout activities. Most of the plans have a non-duplication provision, after the first \$130 has been paid. Additional insurance coverage is needed for any Girl Scout activity that lasts longer than three days and two nights (three nights when one of the nights is a federal holiday). Furthermore, it is a council standard that non-members participating in Girl Scout program activities or services must be covered by an Extended Activity/Non-Member Insurance Plan.

Troops planning international trips should request information about Plan 3PI.

Return this form with payment no later than 3 working days prior to the date of activity/trip to one of the Girl Scout Service Centers listed below.

Troop # _____ Service Unit # _____ Grade Level (circle one): DA BR JR CA SR AM

Troop Leader Name _____ E-Mail _____

Address _____

City _____ State _____ Zip _____
Phones (H) _____ (W) _____ (C) _____

Trip/Event Information: Destination _____

Beginning Date _____ Ending Date _____

Plan 2 Accident Only Coverage

Number of Participants _____ X Number of Calendar Days _____ X \$.11 = \$ _____ *

Covers Members during any approved, supervised activity lasting longer than those covered by Plan 1; and all non-members as participants regardless of the length of the activity/event.

Plan 3E Accident and Sickness Coverage

Number of Participants _____ X Number of Calendar Days _____ X \$.29 = \$ _____ *

Accident and Sickness Insurance covers all members and non-members for events lasting longer than those covered by Plan 1.

Plan 3P Accident and Sickness Coverage

Number of Participants _____ X Number of Calendar Days _____ X \$.70 = \$ _____ *

Same as plan 3E, but benefits are not subject to the non-duplication provision.

*Minimum premium is \$5.00. Make check payable to Girl Scouts of South Carolina – Mountains to Midlands.

Under all Optional Plans, 100% enrollment of all participants in the event to be insured is required.
To review the Girl Scout insurance plan descriptions go to www.mutualofomaha.com/girl_scouts_of_the_usa/index.html

Internal Use: Date Submitted to Ins Co: _____ Signature: _____ Service Center Location: _____

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Columbia Service Center	130 Pinnacle Point Court, Suite 100	Columbia, SC 29223	T 803.782.5133	F 803.782.0410
Greenville Service Center	Five Independence Pointe, Suite 120	Greenville, SC 29615	T 864.770.1400	F 864.272.3394
Spartanburg Service Center	349-A East Blackstock Road	Spartanburg, SC 29301	T 864.576.2514	F 864.587.7367
Corporate Headquarters	Five Independence Point, Suite 120	Greenville, SC 29615	T 864.770.1400	F 864.272.3394