

GIRL SCOUTS

ACTIVITY ACCIDENT INSURANCE & OPTIONAL PLANS

Thirteenth Edition

Every registered member of the Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance (Plan 1). To assure coverage of all registered Members, the entire cost of the Basic Plan is paid for by the Girl Scouts of the USA.

Councils are encouraged to purchase the appropriate Optional Plan for their activities. The GSUSA sponsored plan(s), underwritten by United of Omaha, a Mutual of Omaha Company, gives the Council the knowledge that the plan(s) they purchase will be consistently administered.

United of Omaha's staff has over 25 years of experience in working with Girl Scout Councils, and understands Girl Scout programming.

Plan 1 — Member's Accident – 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).

Plan 2 — Member's and Nonmember's Accident – Accident Insurance covers all member's as participants for events lasting longer than those covered by Plan 1; and all nonmember's as participants regardless of the length of the activity/event.

Plan 3E & 3P — Member's and Nonmember's Accident and Sickness – Accident and Sickness Insurance covers all participants for events lasting longer than those covered by Plan 1. Under Plan 3E Accident Medical expense and Dental Expense Benefits payable are subject to the Non-duplication Provision. Under Plan 3P benefits are not subject to the Non-duplication Provision.

Plan 3PI — Member's and Nonmember's Accident and Sickness – Accident and Sickness Insurance covers all participants for international trips. Not subject to the non-duplication provision.

International Inbound — Accident and Sickness Insurance designed for Councils who host Girl Guides/Girl Scouts visiting the United States. Not subject to the non-duplication provision.

NOTE: Under all Optional Plans, 100% enrollment of all participants in the event to be insured is required. There is a minimum premium charge of \$5.00 for each submission. However, the Council may include several events in one submission to meet the minimum. Insurance must be ordered for the period of time beginning with the day the participant leaves home through the day the participant returns home (i.e., event scheduled June 1 through June 5 equals five calendar days).

Great care has been taken to present the information contained in this Guide clearly, completely and organized in such a way that it will continue to serve as the reference manual for all functions of this insurance service. However, please keep in mind that all information contained in this Guide and in various brochures and publication articles are not contracts or Certificates of Insurance. All such information is subject to the terms and conditions of the applicable Master Policy issued to the Girl Scouts of the USA.



Plan 3E

Enrollment Form for Girl Scout Councils



Underwritten by
United of Omaha Life
Insurance Company

1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.

FROM:
Name of Council _____
Address _____
City _____ State _____ ZIP _____

**(Please complete the address portion
in full. This will be used to return
the Council's verification copy.)**

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

Council Code No. _____

Leader name or name of person submitting this form _____
Please provide Accident and Sickness 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

Name and Location of Event	Beginning Date	Ending Date	Number of Participants	(1)	(2)	(3)	(4)	(5)
				Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ 29¢	Total (3 x 4)	
SAMPLE: CAMPING	2/5/XX	2/9/XX	25	5	125	\$.29	\$ 36.25	
1.						.29		
2.						.29		
3.						.29		
4.						.29		
5.						.29		
TOTAL	N/A	N/A				.29		

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY 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 _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council		SGS21
Approved as Submitted <input checked="" type="checkbox"/> _____ /___/___	Approved with Change Marked <input checked="" type="checkbox"/> _____ /___/___	
<small>Signature</small>	<small>Date</small>	<small>Signature</small>
<small>Signature</small>	<small>Date</small>	<small>Date</small>



Plan 2

Enrollment Form for Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha Companies, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.

FROM:
 Name of Council _____
 Address _____
 City _____ State _____ ZIP _____

**(Please complete the address portion
 in full. This will be used to return
 the Council's verification copy.)**

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. _____

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

Name and Location of Event	Beginning Date	Ending Date			Number of Participant Days (1 x 2)	Premium Each Day @ 11¢	Total (3 x 4)
			(1)	(2)			
SAMPLE: CAMPING	2/5/XX	2/9/XX	25	5	125	\$.11	\$ 13.75
1.						.11	
2.						.11	
3.						.11	
4.						.11	
5.						.11	
TOTAL	N/A	N/A				.11	

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY 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 _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council				SGS20
Approved as Submitted <input checked="" type="checkbox"/> _____ <small style="text-align: center;">Signature Date</small>	Approved with Change Marked <input checked="" type="checkbox"/> _____ <small style="text-align: center;">Signature Date</small>			



Plan 3P

Enrollment Form for Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.

FROM:
 Name of Council _____
 Address _____
 City _____ State _____ ZIP _____
 E-mail _____

**(Please complete the address portion
 in full. This will be used to return
 the Council's verification copy.)**

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

Council Code No. _____

Leader name or name of person submitting this form _____

Please provide Accident and Sickness 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

Name and Location of Event	Beginning Date	Ending Date	(1)	(2)	(3)	(4)	(5)
			Number of Participants	Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ .67¢	Total (3 x 4)
SAMPLE: CAMPING	2/5/XX	2/9/XX	25	5	125	\$.67	\$ 83.75
1.						.67	
2.						.67	
3.						.67	
4.						.67	
5.						.67	
TOTAL	N/A	N/A				.67	

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY 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 _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council		SGS21
Approved as Submitted <input checked="" type="checkbox"/> _____ / ___ / ___ <small style="display: block; text-align: center;">Signature Date</small>	Approved with Change Marked <input checked="" type="checkbox"/> _____ / ___ / ___ <small style="display: block; text-align: center;">Signature Date</small>	



Plan 3PI

Enrollment Form for International Trips for Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout international trip.

FROM:
Name of Council _____
Address _____
City _____ State _____ ZIP _____
Telephone _____
Fax _____

**(Please complete the address portion
in full. This will be used to return
the Council's verification copy.)**

Council approval is required — forms without the appropriate Council signature cannot be processed; group leaders should not submit enrollments directly to Mutual of Omaha.

Council Code No. _____

Leader name or name of person submitting this form _____
Please provide Accident and Sickness Insurance to cover all enrolled participants in the following approved, supervised Girl Scout trip (except statutory employees covered under workers' compensation):

Trip Schedule

Name and Location of Trip	Beginning Date	Ending Date	Number of Participants	Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ \$ 1.17	Total (3 x 4)
SAMPLE: COUNTRY	2/5/XX	2/9/XX	25	5	125	\$ 1.17	\$ 146.25
1.						1.17	
TOTAL	N/A	N/A				1.17	

ATTENTION TROOP LEADER:
Please attach the trip roster to this enrollment form. (See format on Instruction Sheet.)

Important Note to Leaders: Please prepare and bring a list of emergency parental, guardian or other personal contacts and their telephone numbers for all participants with you during the trip.

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY for the TOTAL PREMIUM shown above is enclosed. MINIMUM PREMIUM is \$5.00.

Council Signature _____ Title _____ Date _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council	SGS21
Approved as Submitted <input checked="" type="checkbox"/> _____ / ___ / ____	Approved with Change Marked <input checked="" type="checkbox"/> _____ / ___ / ____
Signature Date	Signature Date