



GIRL SCOUTS OF WESTERN NEW YORK, INC.

APPLICATION FOR ACCIDENT/SICKNESS INSURANCE

MAKE CHECKS PAYABLE TO: United of Omaha Life Insurance Company

Fees:

1. Plan 1 – Accident insurance only, activities of two nights or less. Included with Girl Scout membership registration – no fee.
2. Plan 2 – Accident insurance only, activities/trips of three nights or more. Covers non-members for Plan 1 eligible events. All events of three nights or more must purchase coverage for all participants - \$.11 per person, per day. For events of 2 day or less you may purchase Plan 2 just for non-members.
3. Plan 3E – Accident and sickness coverage, secondary to personal health insurance - \$.29 per person, per day. Must purchase for all participants.
4. Plan 3P – Accident and sickness coverage, primary insurance - \$.70 per person, per day. Must purchase for all participants.
5. Plan 3PI – Accident and sickness coverage, primary insurance, plus assisted services, for international travel (including cruises) - \$1.17 per day, per person. Must purchase for all participants and include detailed trip roster.

Insurance Coverage Choice: (check one):     Plan 2     Plan 3E     Plan 3P     Plan 3PI

**\*\* To be completed by Adult in Charge\*\***

|                         |               |         |      |
|-------------------------|---------------|---------|------|
| Name of Adult in Charge |               | Phone # |      |
| Address:                | City:         | State:  | Zip: |
| Troop/Group #:          | Service Unit: |         |      |

|                                                                     |                 |
|---------------------------------------------------------------------|-----------------|
| Date of Departure/Event:                                            | Date of Return: |
| Address of Destination/Event:                                       |                 |
| Type of Activity:                                                   |                 |
| # of Days (count day leaving and day of return in total day count): |                 |

|                                                                    |             |           |
|--------------------------------------------------------------------|-------------|-----------|
| Non-members requiring insurance                                    | # children: | # adults: |
| Members requiring insurance                                        | # girls:    | # adults: |
| Total Participants (members plus non-members requiring insurance): |             |           |

|                       |                                                                    |
|-----------------------|--------------------------------------------------------------------|
| A. Total Participants | D. Insurance Fee (circle one)<br>\$.11    \$.29    \$.70    \$1.17 |
| B. Total Days         |                                                                    |
| C. Multiply A&B       | E. Total Cost (Multiply C&D) \$ _____                              |

**\*\* Please note that the cost for extra insurance must be a minimum of \$5, regardless of the number of participants.**  
 Mail this form along with your check made payable to United of Omaha (no cash please) two weeks prior your event to Girl Scouts of Western New York, Inc., 3332 Walden Ave, Suite 106, Depew, NY 14043.

## United of Omaha Insurance Coverage Summary

| Plan                                                       | Coverage                                                                                                                                                                                                                                                        | Does Not Cover                                                                                                                                                                                                              | Use                                                                                                                                                                                                                          | Fee                                                                                                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan 1<br>Basic accident coverage                          | <ul style="list-style-type: none"> <li>▪ <u>Supplemental</u> accident insurance</li> </ul>                                                                                                                                                                      | <ul style="list-style-type: none"> <li>▪ Sickness</li> <li>▪ Activities lasting more than 3 days and 2 consecutive nights</li> <li>▪ Non-members</li> </ul>                                                                 | <ul style="list-style-type: none"> <li>▪ For approved, supervised GS activities; troop meetings, trips, camping as well as travel directly to and from activities.</li> </ul>                                                | <ul style="list-style-type: none"> <li>▪ Provided with GSUSA \$10.00 membership fee</li> </ul>                                                  |
| Plan 2<br>Accident coverage only                           | <ul style="list-style-type: none"> <li>▪ <u>Supplemental</u> accident insurance only</li> <li>▪ For members and non-members for activities lasting more than 3 days and 2 consecutive nights</li> <li>▪ Non-members alone for Plan 1 eligible events</li> </ul> | <ul style="list-style-type: none"> <li>▪ Sickness</li> <li>▪ If claim is accepted, U of O will pay the first \$125 of medical expenses and any out-of-pocket expenses not covered by your own insurance company.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Service Unit events, extended troop trips, non-member participants in all approved and supervised GS activities, including travel directly to and from these activities.</li> </ul> | <ul style="list-style-type: none"> <li>▪ \$.11 a day per participant</li> <li>▪ Applications available in the troop travel guide</li> </ul>     |
| Plan 3E<br>Accident and Sickness                           | <ul style="list-style-type: none"> <li>▪ <u>Supplemental</u> insurance for accident and sickness</li> <li>▪ Events lasting more than 3 days and 2 consecutive nights.</li> <li>▪ Non-member participants</li> </ul>                                             | <ul style="list-style-type: none"> <li>▪ If claim is accepted, U of O will pay the first \$125 of medical expenses and any out-of-pocket expenses not covered by your own insurance company.</li> </ul>                     | <ul style="list-style-type: none"> <li>▪ Service Unit events, extended troop trips, including travel directly to and from these activities, events over 3 days and 2 consecutive overnights.</li> </ul>                      | <ul style="list-style-type: none"> <li>▪ \$.29 per participant per day.</li> <li>▪ Applications available in the troop travel guide</li> </ul>  |
| Plan 3P<br>Accident and Sickness                           | <ul style="list-style-type: none"> <li>▪ <u>Primary</u> insurance for accident and sickness</li> <li>▪ Events lasting more than 3 days and 2 consecutive nights</li> <li>▪ Non-member participants</li> </ul>                                                   |                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>▪ <i>Destinations</i> including travel directly to and from these activities.</li> </ul>                                                                                              | <ul style="list-style-type: none"> <li>▪ \$.70 per participant per day.</li> <li>▪ Applications available in the troop travel guide</li> </ul>  |
| Plan 3PI<br>Accident and Sickness with assistance services | <ul style="list-style-type: none"> <li>▪ <u>Primary</u> insurance for accident and sickness plus additional medical travel assistance.</li> <li>▪ Events lasting more than 3 days and 2 consecutive nights</li> <li>▪ Non-member participants</li> </ul>        |                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>▪ International travel, including to Canada for over two nights.</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>▪ \$1.17 per participant per day.</li> <li>▪ Applications available in the troop travel guide</li> </ul> |

**PLEASE NOTE:**

- An approved, supervised Girl Scout activity is an activity carried out by members of the movement, under the supervision of adults, in keeping with the Girl Scout Program and Safety Standards.
- Plan 2 may be purchased for just non-members when the provisions of Plan 1 cover members. If the event requires Plan 2 for members, then you must purchase the coverage for all participants in the event.
- For Plan 3 coverages you must always purchase the insurance for all participants.
- Your personal health insurance is always primary for Plan 1, 2 or 3E.
- The payment for extra insurance must be a minimum of \$5.00, regardless of the number of participants. Example – you request Plan 2 and have 22 participants for 2 days, you would still need to pay the \$5.00 minimum as 22 people @ \$.11 times two days is only \$4.84.