

# Application for Accident/Sickness Insurance



Payment payable to:  
United of Omaha  
Life Insurance Company

## Fees:

- **Plan 1:** Accident insurance only, activities of two nights or less. Included with Girl Scout membership registration - No fee.
- **Plan 2:** Accident insurance only, activities/trips of three nights or more. Covers non-members for Plan 1 eligible or all 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.
- **Plan 3E:** Accident and sickness coverage, secondary to personal health insurance - \$.29 per person, per day. Must purchase for all participants.
- **Plan 3P:** Accident and sickness coverage, primary insurance - \$.70 per person, per day. Must purchase for all participants.
- **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:

- Plan 2
- Plan 3E
- Plan 3P
- Plan 3PI

**Note:** The text will resize in the fields as you type.

## To be completed by Adult in Charge.

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

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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):	

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<b>Non-Members Requiring Insurance</b>	# Children:	# Adults:
<b>Members Requiring Insurance</b>	# Girls:	# Adults:

Total Participants (members, plus non-members requiring insurance):

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A. Total Participants:	D: Insurance Fee:
B: Total Days:	\$.11    \$.29    \$.70    \$1.17
C: Multiply A & B:	E: Total Cost (Multiply C & D):

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**Please note that the cost for extra insurance must be a minimum of \$5 regardless of the number of participants.** Email this completed form to [customer care@gswny.org](mailto:customer care@gswny.org) at least 2 weeks prior to your event. Questions? Contact Customer Care at [customer care@gswny.org](mailto:customer care@gswny.org) or 1-888-837-6410.

## United of Omaha Insurance Coverage Summary

Plan	Coverage	Does Not Cover	Use	Fee
<b>Plan 1</b> Basic Accident Coverage	<b>Supplemental</b> accident insurance	<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>	For approved, supervised Girl Scout activities: troop meetings, trips, camping, as well as travel directly to and from activities.	Provided with GSUSA \$25 membership fee
<b>Plan 2</b> Accident Coverage Only	<ul style="list-style-type: none"> <li><b>Supplemental</b> 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 out-of-pocket expenses covered by your own insurance company.</li> </ul>	Service Unit Events. extended troop trips, non-member participants in all approved and supervised Girl Scout activities, including travel directly to and from these activities.	<ul style="list-style-type: none"> <li>\$.11 a day per participant</li> <li>Applications available in the Troop Travel Guide</li> </ul>
<b>Plan 3E</b> Accident and Sickness	<ul style="list-style-type: none"> <li><b>Supplemental</b> insurance for accident and sickness</li> <li>Events lasting more than 3 days and 2 consecutive nights.</li> <li>Non-member participants.</li> </ul>	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.	Service Unit events, extended troop trips, including travel directly to and from these activities, events over 3 days and 2 consecutive overnights.	<ul style="list-style-type: none"> <li>\$.29 per participant per day</li> <li>Applications available in the Troop Travel Guide.</li> </ul>
<b>Plan 3P</b> Accident and Sickness	<ul style="list-style-type: none"> <li><b>Primary</b> insurance for accident and sickness</li> <li>Events lasting more than 3 days and 2 consecutive nights.</li> <li>Non member participants</li> </ul>		Destinations including travel directly to and from these activities.	<ul style="list-style-type: none"> <li>\$.70 per participant per day</li> <li>Applications available in the Troop Travel Guide.</li> </ul>
<b>Plan 3PI</b> Accident and Sickness with assistance services	<ul style="list-style-type: none"> <li><b>Primary</b> 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>		International travel, including to Canada for over two nights.	<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.

Application for  
Accident/Sickness Insurance



Electronic Payment From Troop Bank Account

Troop Bank Name:

Troop Routing Number (9 digits):

Troop Bank Account Number:

Form completed by:

Phone:

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