

# Enrollment Form for Additional Insurance

Complete this form when a troop trip and/or activity will last longer than 3 days and 2 nights. (If the trip occurs during a Federal Holiday, 4 days and 3 nights are allowed without the additional insurance.) Submit to the council **4** weeks prior to the beginning of your trip/activity. Non-compliance with this deadline may mean the trip/activity cannot be insured and will have to be cancelled.

Troop #	Service Unit	
Contact Name	Email Address	
Address	City/State/Zip	
Primary Phone #	Work Phone #	

**INSURANCE RATES:** (please insert appropriate rate in column #4 below\*)

Choose plan:				
Plan 2-Extended Accident Insurance-covers participants for approved activities/trips				
lasting more than 2 nights (or 3 nights when one of the nights is an official federal holiday).				
Plan 3E-Secondary Accident and Sickness Insurance-covers participants for				
activities/ trips lasting more than 2 nights-(serves as a secondary insurance).				
Plan 3P-Primary Accident and Sickness Insurance-covers participants for				
activities/trips lasting more than 2 nights (serves as the primary insurance).				
Plan 3Pi-Primary Accident and Sickness & Travel Assistance – covers participants for				
approved international travel (must provide list of names and ages of all travelers)				

For more information about the above plans, visit the web site:

#### http://www.mutualofomaha.com/girl\_scouts\_of\_the\_usa/index.html

	-		(1)	(2)	(3)	(4)	(5)
Name and Location of Event	Beginning Date	Ending Date	# of Participants	Number of days	Number Participants Days (1x2)	Premium each day*	Total (3x4)

## **Total Due to Council**

#### PLEASE MAKE CHECK PAYABLE TO GIRL SCOUTS OF GREATER MISSISSIPPI

SUBMIT TO: Girl Scouts of Greater Mississippi 1471 West County Line Road Jackson, MS 39213

### There is a minimum \$5.00 fee.