

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 _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

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

Choose plan:	Rate/day
<input type="checkbox"/> Plan 2 –Non Girl Scout Accident Insurance-covers non-members as participants regardless of length of stay or activity.	.11
<input type="checkbox"/> Plan 2-Extended Accident Insurance-covers members for activities/trips lasting more than 2 nights (or 3 nights when one of the nights is an official federal holiday).	.11
<input type="checkbox"/> Plan 3E-Secondary Accident and Sickness Insurance-covers members for activities/ trips lasting more than 2 nights-(serves as a secondary insurance).	.29
<input type="checkbox"/> Plan 3P-Primary Accident and Sickness Insurance-covers members for activities/trips lasting more than 2 nights (serves as the primary insurance).	.70

For more information about the above plans, visit the web site:
http://www.mutualofomaha.com/girl_scouts_of_the_usa/index.html

There is a minimum \$5.00 fee

Name and Location of Event	Beginning Date	Ending Date	(1)	(2)	(3)	(4)	(5)
			# 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**