



Additional Insurance Request Form

Supplemental insurance is needed in you are including non-members, like family members or friends to an activity or if members are going on a trip longer than 3 days and 2 nights. This insurance is underwritten by United of Omaha Life Insurance Company through an agreement with GSUSA. Return form and check to service center.

Type of insurance requested: (please only select one type per form)

For complete descriptions of coverage and frequently asked questions answered, please go to:

http://www.mutualofomaha.com/girl_scouts_of_the_usa/forms.html.

- Plan 2 – Accident only (\$0.11/per person per day)** – Provides “secondary” insurance for accidents only to cover enrolled participants in approved supervised Girl Scout Activities. Examples: non-member participants at “family or bring a friend events” (Mom and Me, Dad and Me, family campout). This may also be used to provide coverage for “supervised supplemental units” (Example: “bunny/pixie/boys” unit or a group of children not eligible to participate who are being supervised by some adults other than the leaders – being babysat.) For these types of events coverage only needs to be purchased for participants who are non-members. This plan may also be used for Girl Scout trips that are more than 3 days and 2 night that are close to home. Example: a campout at your local camp for 4 days over spring break. In this case, you would be purchasing coverage for members and non-members.

- Plan 3 – Accident and Illness** – Provides coverage for both accidents and illness and is recommended for trips over 3 days and 2 nights. Must be purchased for members and non-member participants. There are 3 types to choose from:
 - Plan 3E (\$0.29/per person per day)** – provides “secondary” insurance for accidents and illness.
 - Plan 3P (\$0.70/per person per day)** – provides “primary” insurance for accidents and illness.
 - Plan PI (Primary International) (\$1.17 per person per day)** – provides primary insurance for accidents and illness and travel assistance services for trips which take place outside the USA.

(Please also attach a list of each participant’s (girls and adults) first and last name and age.)

“Leader” Name:					Troop or SU #:		
Name and location of event	Beginning date (MM/DD/YYYY)	Ending date (MM/DD/YYYY)	Number of participants (1)	Number of days (2)	Number of participant days (1X2=(3))	Premium each day Daily Rate Insert from above (4)	Total Event premium* (3x4)
* Minimum \$5 required. More than one event of the same type may be included on each form. Use additional sheet if needed, maximum 15 events. Make check payable to GSNI-M.							Total: \$