



ATTN: Program Dept., Travel Insurance
 9500 Toledo Way, Suite #100
 Irvine, CA 92618
 949.461.8800 / 800.979.9444 / GirlScoutsOC.org

**** To Be Completed By GSOC Staff Only****

DATE REC'D: _____ CHECK#: _____
 OMAHA #: _____ ENROLLED: _____

PLAN 3E SECONDARY ACCIDENT & SICKNESS INSURANCE REQUEST FORM

Please Allow at Least 10 Business Days for Processing.



Plan 3E Provides Accident & Sickness **Secondary** Insurance for All GSOC Members and Non-Members Participating in Events and/or Travel that Take Place **within** the United States.

For travel outside of the United States, Please Use the 3PI Insurance Request Form.

For Basic Non-Member Coverage, Please Use the Plan 2 Insurance Request Form

The minimum amount required for enrollment is \$5.00.

Please complete this form and submit it with your payment at least 10 business days prior to your event. Rush requests cannot be guaranteed and requests received after an event cannot be processed. E-Mail confirmation of enrollment can be provided at the applicant's request.

Please submit payment in the form of Check or Money Order, made payable to **MUTUAL OF OMAHA**.

Troop #/Group Name : _____

Name (description) of event : _____

Location of event : _____

Type of Activity : _____

Responsible Adult in Charge : _____ Service Unit : _____

E-Mail : _____ Phone : _____

Beginning Date : _____ End Date : _____

- 1. Total # of Participants _____
- 2. Total # of Days _____
- 3. Line 1 x Line 2 _____
- 4. Premium Rate PER DAY _____ \$0.29
- 5. Line 3 x Line 4 _____

Mail Form & Payment to:
 Girl Scouts of Orange County
ATTN: Program Dept., Travel Insurance
 9500 Toledo Way
 Suite #100
 Irvine, CA 92618

TOTAL DUE (\$5 Minimum)

**PLAN 3E FOR COVERAGE CHART – ACCIDENT & SICKNESS INSURANCE
FOR USA TRAVEL
(THIS IS SECONDARY INSURANCE TO YOUR HEALTH PLAN)**

ELIGIBILITY	ALL PARTICIPANTS OF GIRL SCOUT COUNCIL SPONSORED/SUPERVISED EVENTS
COVERAGE (ANY APPROVED AND SUPERVISED GIRL SCOUT ACTIVITY)	LASTING MORE THAN TWO NIGHTS
PREMIUM RATES	THE COST IS \$0.29 PER PARTICIPANT PER CALENDAR DAY OR PORTION THEREOF
BENEFITS & AMOUNTS	
FOR ACCIDENTAL DEATH	\$15,000
FOR ACCIDENTAL DISMEMBERMENT	UP TO \$20,000
FOR PARALYSIS	\$20,000
HEART OR CIRCULATORY MALFUNCTION DEATH BENEFIT	\$15,000
MEDICAL EXPENSES ACCIDENTS	PAYS UP TO \$15,000
DENTAL TREATMENT	UP TO \$4,000 FOR TREATMENT AND/OR REPLACEMENT OF SOUND NATURAL TEETH
MEDICAL EXPENSES SICKNESS	PAYS UP TO \$10,000
NON DUPLICATION PROVISION	FIRST \$130.00 THEN MEDICAL EXPENSES EXCESS TO OTHER INSURANCE
COUNSELING BENEFIT	PAYS UP TO \$2,500
INFECTIOUS EXPOSURE BENEFIT	PAYS UP TO \$1,500
SURFACE AMBULANCE SERVICE	PAYS UP TO \$3,000
AIR AMBULANCE SERVICE	PAYS UP TO \$5,000
FOR RETURN TRANSPORTATION EXPENSE	PAYS TRANSPORTATION EXPENSE INCURRED UP TO \$1,500
REPARTRIATION EXPENSE	PAYS UP TO \$1,500