



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 3PI SECONDARY ACCIDENT & SICKNESS INSURANCE REQUEST FORM

Please Allow at Least 30 Business Days for Processing.

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



A list of all participant names and ages is required.

For travel within the United States, Please Use the 3E 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 **30 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 _____ \$1.17
- 5. Line 3 x Line 4 _____

Mail Form, Trip Roster & 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 3PI COVERAGE CHART – ACCIDENT & SICKNESS INSURANCE
FOR INTERNATIONAL TRIPS
(THIS IS SECONDARY INSURANCE TO YOUR HEALTH PLAN)**

If you have an emergency outside the USA call AXA Assistance 1-312-935-3658

For inquiries within the US call AXA 1-800-856-9947. Your travel assist ID number is 9900MOO4GS

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 \$1.17 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	NOT APPLICABLE
COUNSELING BENEFIT	PAYS UP TO \$2,500
INFECTIOUS EXPOSURE BENEFIT	PAYS UP TO \$1,500
SURFACE AMBULANCE SERVICE	BENEFITS FOR SURFACE AMBULANCE WILL BE COORDINATED & PAID BY AXA ASSISTANCE-USA IN CONJUNCTION WITH THEIR TRAVEL ASSISTANCE SERVICES. SERVICES ARE LIMITED TO TRAVEL OF 90 DAYS OR LESS. ALL SERVICES ARE SUBJECT TO A LIMIT OF \$50,000 PER PERSON PER EVENT.
AIR AMBULANCE SERVICE	BENEFITS FOR AIR AMBULANCE WILL BE COORDINATED & PAID BY AXA ASSISTANCE-USA IN CONJUNCTION WITH THEIR TRAVEL ASSISTANCE SERVICES. SERVICES ARE LIMITED TO TRAVEL OF 90 DAYS OR LESS. ALL SERVICES ARE SUBJECT TO A LIMIT OF \$50,000 PER PERSON PER EVENT.
FOR RETURN TRANSPORTATION EXPENSE	BENEFITS FOR RETURN TRANSPORTATION WILL BE COORDINATED & PAID BY AXA ASSISTANCE-USA IN CONJUNCTION WITH THEIR TRAVEL ASSISTANCE SERVICES. SERVICES ARE LIMITED TO TRAVEL OF 90 DAYS OR LESS. ALL SERVICES ARE SUBJECT TO A LIMIT OF \$50,000 PER PERSON PER EVENT.
REPARTRIATION EXPENSE	BENEFITS FOR REPARTRIATION WILL BE COORDINATED & PAID BY AXA ASSISTANCE-USA IN CONJUNCTION WITH THEIR TRAVEL ASSISTANCE SERVICES. SERVICES ARE LIMITED TO TRAVEL OF 90 DAYS OR LESS. ALL SERVICES ARE SUBJECT TO A LIMIT OF \$50,000 PER PERSON PER EVENT.



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PLAN 3PI TRIP ROSTER

Allow at Least 30 Business Days for Processing.

A Trip Roster is required for Plan 3PI Insurance.

Please complete this form and submit it with your Plan 3PI Insurance Request Form and payment at least **30 business days prior** to your event.

Trip Roster MUST include the names and ages of all participants, girls and adults.

Trip Country/Countries	Trip Dates	Participant First and Last Name	Participant Age
1. England	July 1-14, 2012	Ima Sample	15

Trip Country/Countries	Trip Dates	Participant First and Last Name	Participant Age
1.			
2.			
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Submit additional pages if needed.