



ATTN: Office Services, 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 2 ACTIVITY INSURANCE REQUEST FORM

Please Allow at Least 10 Business Days for Processing.

Plan 2 Provides **ACCIDENT ONLY** Insurance for Activities that Meet the Following Criteria:

For Members

Events lasting more than TWO NIGHTS (three nights when one of the nights is an official holiday) or activities such as recruitment events or programs where Girl Scouts is the Primary Sponsor, etc.

For Non-Members & Guests

Covers non-members as participants/attendees regardless of the length of activity/event. The most common enrollments for this plan are for non-registered parents/guardians attending a ceremony or Workshop.

NOT For Tagalongs

Tagalongs are NOT included and are parental responsibility. Children who come with parents/guardians on a Girl Scout trip or activity, and are not of the age and skill level to participate in council approved supervised activities designed for the Girl Scouts, are considered Tagalongs.

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.

Please submit payment in the form of Check or Money Order, made payable to **MUTUAL OF OMAHA**. Combine multiple events to save on enrollment fees. For details, contact 949.461.8800

Event Title : _____ Location : _____

Event Description : _____

Responsible Adult in Charge : _____ Troop // SU # : _____

E-Mail : _____ Phone : _____

Beginning Date : _____ End Date : _____

For multiple dates, please list each date separately on the back of this form.

- 1. Total # of Participants _____
- 2. Total # of Days _____
- 3. Line 1 x Line 2 _____
- 4. Premium Rate PER DAY \$0.11/Day
- 5. Line 3 x Line 4 _____

Mail Form & Payment to:
ATTN: Office Services, Insurance
 Girl Scouts of Orange County
 9500 Toledo Way
 Suite #100
 Irvine, CA 92618

TOTAL DUE (\$5 Minimum—if total is under \$5.00)

Is This Paired with a Facility Use Form or Program Center Reservation? Yes No

If Yes, Please Provide Description below, or write "See Attached Description"

"For Troop Travel Insurance, Please Use the 3E or 3PI Insurance Request Form"

**PLAN 2 COVERAGE CHART – ACCIDENT INSURANCE
DIAL 911 IN AN EMERGENCY
(THIS IS SECONDARY INSURANCE TO YOUR HEALTH PLAN)**

ELIGIBILITY	ALL PARTICIPANTS OF GIRL SCOUT COUNCIL SPONSORED/ SUPERVISED EVENTS
COVERAGE (ANY APPROVED AND SUPER- VISED GIRL SCOUT ACTIVITY)	LASTING MORE THAN TWO NIGHTS
PREMIUM RATES	THE COST IS \$0.11 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	NOT INCLUDED
NON DUPLICATION PROVISION	FIRST \$130 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	NOT INCLUDED
REPARTRIATION EXPENSE	NOT INCLUDED