



## EXTRA INSURANCE ENROLLMENT FORM

- Submit Enrollment Form for Extra Insurance for Plan 2 or Plan 3 plan at least **three weeks** prior to your scheduled activity. Send completed form and payment to Girl Scouts of Utah, 445 East 4500 South, Suite 125, Salt Lake City, UT 84107.
- GSU approval is required. Troop volunteers do not submit enrollment forms directly to Mutual of Omaha.

Troop Volunteer Name \_\_\_\_\_  
 Service Unit \_\_\_\_\_ Group/ Troop \_\_\_\_\_  
 Leadership Team \_\_\_\_\_ Number \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name of Person Submitting Form \_\_\_\_\_

- Plan 1** Every registered member of Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance.
- Plan 2** This plan provides basic accident protection for **every non-registered member** (including family members) in approved, supervised Girl Scout activities. **As of Jan 2020 the total cost is 11¢ per person per day.** You may include several events at one time. This plan covers accident only.
- Plan 3** This plan is required when a troop or group takes a trip that lasts three nights or more within the United States. As of Jan 2020, the total cost is 70¢ per day per person. This plan covers health and accident only. You must apply for all days when using this plan.
- Plan 3P1** This plan is for when a troop or group take an international trip. As of July 2011, total cost is \$1.17 per day per person. This plan covers health and accident only.

**Note:** When calculating the number of days for each event or trip, count the beginning and ending date (e.g. June 1 - June 5 = five days). The minimum purchase amount is \$5

**Schedule of Each Event/Trip**

			(1)	(2)	(3)	(4)	(5)
Name & Location of Event/Trip	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1x2)	Premium Each Day .11/ .70/ 1.17	Total (3x4)
<b>Total Enclosed</b>	N/A	N/A					

**TOTAL ENCLOSED \$** \_\_\_\_\_

Check or money order. *Make checks payable to Girl Scouts of Utah*

Credit Card:     MasterCard     VISA     American Express     Discover

Card Holder: (print name) \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Signature of person submitting form \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Insurance is Submitted \_\_\_\_\_

Submitted By \_\_\_\_\_

**Note:** Since prices for insurance are subject to change without notice, please use the form with the most current prices that is located in the "Forms" section on GSU's web site, [www.gsutah.org](http://www.gsutah.org).