



EXTRA INSURANCE ENROLLMENT FORM

Submit this form for Plan 2 or Plan 3 at least **three weeks** prior to your scheduled activity. GSU approval is required. Troop volunteers do not submit enrollment forms directly to Mutual of Omaha.

Send completed form and payment to:

Girl Scouts of Utah, 445 East 4500 South, Ste 125, Salt Lake City, UT 84107

Troop Leader/Service Unit Volunteer Name

Service Unit

Troop Number

Location of Event/Trip (City & State or Country)

Name & Phone Number 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** – Provides basic accident protection for every non-registered member (including family members) in approved, supervised Girl Scout activities. As of January 2020, the total cost is \$0.11 per person per day. You may include several events at one time. This plan covers accident only.
- **Plan 3** – Required when a troop or group takes a trip that lasts three nights or more within the U.S. As of January 2020, the total cost is \$0.70 per day per person. This plan covers health and accident only. You must apply for all days when using this plan.
- **Plan 3P1** – 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.

Name & Location of Event/Trip	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Number of Participant Days (1x2)	(4) Premium Each Day .11/ .70/ 1.17	(5) Total (3x4)
<i>Ex. Troop 000 trip to NYC</i>	<i>12/10/23</i>	<i>12/16/23</i>	<i>5</i>	<i>7</i>	<i>35</i>	<i>0.70</i>	<i>\$24.50</i>

Check or money order, payable to Girl Scouts of Utah

TOTAL ENCLOSED \$ _____

Credit Card: MasterCard VISA American Express Discover

Card Holder: (print name) _____

Card No. _____ Expiration Date: _____ CSV: _____

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, use the form with the most current prices located on GSU's website: www.gsutah.org.