



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 _____ 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 <small>.11 / .70 / 1.17</small>	Total (3x4)
Total Enclosed	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 _____
- Card No. _____
- Expiration Date: _____
- Signature of Cardholder _____

Signature of person _____ Date _____
 submitting form

FOR OFFICE USE ONLY
 Date Insurance 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. Responsible: Program Dept. Updated: 1/28/2020