

# Special Activity Insurance Application

*\* **Must** be submitted no less than **2 weeks prior** to trip or activity\**

Date: \_\_\_\_\_ Troop #: \_\_\_\_\_

Troop/Group Leaders Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Event or Activity

Type of Event: \_\_\_\_\_

Name of Location: \_\_\_\_\_

Location Address: \_\_\_\_\_

Street

City

State

Zip Code

Beginning Date of Coverage: \_\_\_\_\_

Ending Date of Coverage: \_\_\_\_\_

### Type of Plan Selecting:

\_\_\_\_\_ **Plan 3E:** For accident and sickness insurance that is an **addition (secondary)** to the families coverage (Primary) is **\$.28 cents per person / per day.**

\_\_\_\_\_ **Plan 3P:** For accident and sickness insurance that is **Primary Coverage** the cost is **\$.57 cents per person /per day.**

\_\_\_\_\_ **Plan 2: Non-Member Accident Plan** provides the same accident protection as the Basic Plan provided for registered members. It **covers non-members** while participating in any approved, supervised activity of the Girl Scouts. **All non-members participating must be included.** For girls and adults who are not registered members of Girl Scouts the cost is **\$.11cents per person /per day.**

A. Number of Participants: Total \_\_\_\_\_ (A)

B. Number of Days Scheduled: Total \_\_\_\_\_ (B)

C. Number of Participants times Days: (A x B) Total \_\_\_\_\_ (C)

D. Plan Rate: (\$.11, \$ .28, \$ .57) Total \_\_\_\_\_ (D)

E. Amount Enclosed: (C x D) Total \_\_\_\_\_ (E) (**Minimum due \$ 5.00**)

## How to Order Insurance

1. Special Activity Insurance Application must be submitted no less than two (2) weeks prior to trip or activity.
2. Use the guide below to order the appropriate insurance.
3. Insurance must be ordered for the period of time from when the participant leaves home through the day the participant returns home. **Overnight will automatically be two (2) days regardless of the amount of hours.**
4. A check must be enclosed with the Special Activity Insurance Application for the amount necessary for coverage (or \$5.00 minimum), and must be made payable and mailed or delivered to:

**Girl Scouts of Ohio's Heartland Council  
Attn: Special Activity Insurance  
1700 WaterMark Drive  
Columbus, OH 43215-1097**

### Insurance for Activities or Events Excluded under the Basic Plan

*For activities or events lasting more than two (2) nights –  
Special Insurance must be purchased).*

The plan covers two (2) options. These options include both registered and non-registered participants.

1. **Accident and Sickness (Plan 3E) - (If no sickness insurance is provided)** For insurance that is an addition (Secondary) to the family's primary insurance. You must include all adults and girls. At the present time, the cost is \$.28 cents per day / per person with a minimum payment of \$5.00.
  - Multiply the number of persons times(x) the number of days times (x) \$.28. If it does not equal \$5.00 you must **pay the minimum of \$5.00.**
2. **Accident and Sickness (Plan 3P) - For insurance that is primary coverage.** You must include all adults and girls. At the present time, the cost is \$.57 cents per day / per person with a **minimum of \$5.00.**
  - Multiply the number of persons times (x) the number of days (x) \$.57. If it does not equal to \$5.00, **you must pay \$5.00.**