

Additional Insurance Plans Overview and Request Form

- **Every registered member of the Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance (Plan 1).**
 - **Additional Girl Scout insurance and special permission from the council office is required for any group planning an event or activity for more than 150 people.**
 - **Additional Girl Scout Accident and Illness insurance is required for a troop/group participating in any approved, supervised Girl Scout activity lasting more than two consecutive nights.**
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Accident-Only Coverage – (Plan 1)

Member's Accident – The Basic Plan covers registered Members for any approved, supervised Girl Scout activity lasting two consecutive nights or less (three nights when one is a federal holiday).

Accident-Only Coverage – (Plan 2)

Member's and Nonmember's Accident – Accident Insurance covers all members as participants for events lasting longer than those covered by Plan 1; and all nonmembers as participants regardless of the length of the activity/event.

Accident and Sickness Coverage – (Plan 3E & 3P)

Member's and Nonmember's Accident and Sickness – Accident and Sickness Insurance covers all participants for events lasting longer than those covered by Plan 1.

Accident and Sickness Coverage – (Plan 3PI)

Member's and Nonmember's Accident and Sickness – Accident and Sickness Insurance covers all participants for **international trips**.

Note: Under all Optional Plans, 100% enrollment of all participants in the event to be insured is required. There is a minimum premium charge of \$5 for each submission.

Insurance must be ordered for the period of time beginning with the day the participant leaves home through the day the participant returns home (i.e., event scheduled June 1 through June 5 equals five calendar days).

Additional Girl Scout insurance and special permission from the council office is required for any group planning an event or activity for more than 150 people.

www.girlscoutshs.org

Corinth, MS: 1901-C S. Harper Rd., Corinth, MS 38834 | mail: P.O. Box 1145, Corinth, MS 38835 | p: 662.287.8321 | f: 662.287.5338

Jackson, TN: 1007 Old Humboldt Rd., Jackson, TN 38305 | p: 731.668.1122 | f: 731.661.0011

Memphis, TN: 717 S. White Station Rd., Ste. 2, Memphis, TN 38117 | mail: P.O. Box 240246, Memphis, TN 38124-0246 | p: 901.767.1440 | f: 901.797.2183

Tupelo, MS: 1140 W. Main St., Tupelo, MS 38801 | mail: P.O. Box 1087, Tupelo, MS 38802 | p: 662.844.7577 | f: 662.840.1671

Update 08/2015



Additional Insurance Plans Overview and Request Form

Additional Girl Scout Accident and Illness insurance is required for a troop/group participating in any approved, supervised Girl Scout activity lasting more than two consecutive nights.

Return this form with payment no later than 3 weeks prior to date of Girl Scout activity to:

Girl Scouts Heart of the South
P. O. Box 240246, Memphis, TN 38124-0246

Additional Insurance Purchase Form

Troop# _____ Service Unit _____ Association _____ Council Event _____

Event Coordinator's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Trip/Event Information: Destination _____

Insurance must be ordered for the period of time beginning with the day the participant leaves home through the day the participant returns home (i.e., event scheduled June 1 through June 5 equals five calendar days).

Beginning Date _____ Ending Date _____ = Total # of days _____

Accident-Only Coverage – (Plan 2)

Number of Participants _____ X Number of Days _____ X \$.11 = \$ _____ *
*Minimum premium is \$5.00 per Plan

Accident and Sickness Coverage – (Plan 3E)

Number of Participants _____ X Number of Days _____ X \$.29 = \$ _____ *
*Minimum premium is \$5.00 per Plan

Non-Member Coverage – (Plan 3P)

Number of Participants _____ X Number of Days _____ X \$.70 = \$ _____ *
*Minimum premium is \$5.00 per Plan

International – Member and Non-Member Coverage – (Plan 3PI)

Number of Participants _____ X Number of Days _____ X \$ 1.17 = \$ _____ *
*Minimum premium is \$5.00 per Plan

Make check for total amount payable to Girl Scouts Heart of the South and mail to:

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P. O. Box 240246
Memphis, TN 38124-0246

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