

# Girl Scouts of the USA Claim Form

Mail any additional bills (properly identified by injured person and council name) to:  
Special Risk Services  
P.O. Box 31156  
Omaha, Nebraska 68131  
1-800-524-2324



## Claimant Information - All Questions Must Be Answered

Name of claimant	Identification Number	Age	Date of Birth	
Claimant's address	Number and Street	City	State	ZIP Code
If claimant is a minor, name of parent or guardian			Phone Number	
			( ) -	
Address of parent or guardian	Number and Street	City	State	ZIP Code

Father, Guardian or Claimant's (if adult)  
Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_ Phone No. ( ) -

Mother, Guardian or Spouse's Employer's  
Name and Address: \_\_\_\_\_  
\_\_\_\_\_ Phone No. ( ) -

Name of all companies providing your insurance coverage or prepaid health plans.

Name of Company	Address	Policy or Certificate No.

If you do not have other coverage, sign and date the following statement.

I, \_\_\_\_\_, on \_\_\_\_\_, verify there is no other insurance coverage available for these and all expenses related to this claim.

I hereby certify that all above information is true and complete.

I verify that I have read and understand the fraud statement for my state that accompanied this form.

**New York Claimants: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (PURSUANT TO 11 NYC RR86)**

Signature (Parent/Guardian)

Date

ATTACH ITEMIZED BILLS WITH A DOCTOR'S DIAGNOSIS

M18979\_0515

## GIRL SCOUT LEADER STATEMENT

Troop Number \_\_\_\_\_ Level: 0  Daisy 3  Cadette 6  Nonmember child 9  Seasonal Staff  
 1  Brownie 4  Senior 7  Nonmember adult 51  Ambassador  
 2  Junior 5  Adult member 8  Staff

Name of council \_\_\_\_\_ Council No. \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_

Council's address \_\_\_\_\_ Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Date and place of accident or sickness	Date and location	Nature and details of injury or sickness
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Activity information	Type of activity (check below): 1. <input type="checkbox"/> Autos/Vehicles <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian 2. <input type="checkbox"/> Slips/Falls on/at/over/from <input type="checkbox"/> Equipment/Furniture <input type="checkbox"/> Animals <input type="checkbox"/> Other (carpet, log, stairs, etc.) 3. <input type="checkbox"/> Using Tools <input type="checkbox"/> Saw <input type="checkbox"/> Knife <input type="checkbox"/> Stove <input type="checkbox"/> Kiln <input type="checkbox"/> Other 4. <input type="checkbox"/> Aquatics (in/on water) <input type="checkbox"/> Swimming/diving <input type="checkbox"/> Boating/canoeing <input type="checkbox"/> Water Skiing 5. <input type="checkbox"/> Poisonous Plants/Insects (poison ivy/bee stings) 6. <input type="checkbox"/> Skating <input type="checkbox"/> Roller <input type="checkbox"/> Ice 7. <input type="checkbox"/> Illness/Sickness 8. <input type="checkbox"/> Other Accident
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Overnight events	Was this an overnight event? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," number of nights _____ Name of event: _____ Indicate dates of attendance from _____ to _____
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Troop validation or authorized activity representative's validation	We hereby certify that the insured person is a currently registered Girl Scout or that the required premium for insurance coverage has been paid for this person and that the claimant was participating in an authorized Girl Scout activity as described above. _____ Activity Representative's Signature/Troop Leader's Signature _____ Date _____ _____ Street Address _____ City _____ State _____ ZIP Code _____ Did injury occur during course of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Claims covered by the council's workers' compensation policy should not be submitted to Mutual of Omaha.</b>
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COUNCIL USE ONLY	I certify that this injury or sickness occurred as described and that the activity was sponsored and supervised by the Girl Scouts. _____ Council Official's Signature _____ Date _____
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### Authorization for Release of Information

I authorize Mutual of Omaha Insurance Company and/or its affiliated companies to disclose my or my children's personal information to Girl Scouts USA for purposes of claim confirmation.

The personal information may include such items as claim and medical information, including diagnosis, mental and physical condition, prescription drug records, and other related claim information.

I understand that I may refuse to sign this authorization. My refusal to sign will not affect my enrollment, my eligibility for benefits or my ability to obtain payment, but may delay the processing of my claim.

If the person or entity to whom information is disclosed isn't a health care provider or health plan subject to federal privacy regulations, the information may be redisclosed without the protection of the federal privacy regulations.

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to: Mutual of Omaha Insurance Company, ATTN: Special Risk Claims, PO Box 31156, Omaha, NE 68131.

I understand that I am entitled to receive a copy of the signed authorization.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Relationship to insured

# Claim Fraud Statements

The following fraud language is attached to, and made part of this claim form. Please read and do not remove these pages from this claim form.

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana and Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It's unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It's a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine:** It's a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment of insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee, Virginia, and Washington:** It's a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**If you live in a state other than mentioned above, the following statement applies to you:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information is related to a claim by the claimant.

# Questions and Answers

These questions and answers will serve to interpret the insurance for councils. The questions have been broken down by general questions, covered activities and AXA Travel Assistance services. The added notations for the council which follow the asterisk (\*) contain the rationale for the answers.

## General Questions:

1. **What is meant by an approved, supervised Girl Scout activity?**

A. It's an activity carried out by registered members of the movement, under supervision of adults, in keeping with the Girl Scout Program Standards and Safety Activity Checkpoints.

2. **What is the purpose of the plan?**

A. To assure that every registered Girl Scout and invited activity participant is automatically covered by activity accident insurance during Girl Scout supervised program activities. Coverage is automatic for all Girl Scout members and participants.

3. **Is a new member automatically covered under the basic plan when she joins Girl Scouts?**

A. Yes. New registrants are automatically covered upon membership registration.

4. **Are nonregistered mothers, consultants or other persons assisting the volunteer covered under the plan?**

A. It depends. Only those people who are participating in the Girl Scout supervised activity are covered for Activity Accident insurance.

Example: If a nonmember parent, or a consultant, shows up early to help set up for an event the next day and is injured in the process, that is not an Activity Accident claim. If the nonmember parent is asked to join the event with Girl Scouts, the following day when the event takes place, and becomes injured, then that nonmember parent would be covered.

A hired consultant is a normal commercial exposure, not an Activity Accident exposure, and therefore the coverage is not intended to extend to consultants or vendors.

\*It is expected that nonmember parents and others will be present from time to time when Girl Scout activities take place just as they usually do in PTAs, community services, school events, etc., in providing

transportation, chaperoning, decorating, visiting or just lending a hand. These activities are done without expectation of reimbursement for medical expenses in case of accidental injury. The key to coverage for nonmembers is actual participation in the event/activity taking place with youth members.

5. **Are "Tagalongs" (brothers, sisters, friends) covered under the plan?**

A. Yes. "Tagalong" means a person who attends an event but isn't of an age or skill level to participate.

6. **Are covered medical expenses under the plan payable regardless of the existence of other health insurance policies?**

A. No. This plan is not intended to diminish the need for or replace family health insurance; it is intended to supplement personal medical coverage by covering out-of-pocket expenses, up to the \$20,000 maximum; expenses that may not be covered by personal insurance such as with large deductibles or out of network charges.

7. **When and how can sickness insurance be provided?**

A. Sickness insurance is automatically included for Girl Scout approved overnight activities, including camp. Sickness coverage does not apply to daytime events.

8. **If a staff member has an accident during a Girl Scout activity, would activity accident insurance apply?**

A. No. Employees and staff members are covered by Workers' Compensation if they are injured in the course of their employment. However, if the accident occurs while the employee is volunteering (as a troop leader, for example, in the evening or weekends) during a Girl Scouts activity or event, then that would be a valid activity accident claim. As with all insurance, claims submitted are subject to the individual facts and circumstances concerning the injury when determining if coverage applies.

9. If a staff member becomes sick, e.g., earache or virus, while at an event, would accident and sickness insurance cover the medical bills incurred?

A. Yes. If the employee is a registered member and participating in an overnight event, sickness coverage may apply. As with all insurance, claims submitted are subject to the individual facts and circumstances concerning the injury when determining if coverage applies.

10. Are preexisting health conditions covered by accident and sickness insurance?

A. No, only sickness which is contracted and for which treatment begins while the coverage for the participant is in force is covered. Many HMOs, PPOs and other medical plans require prompt notice; don't delay notifying the family's insurance carrier if a preexisting condition is or might be involved.

11. How can reimbursement be made when payment for treatment was provided, via a credit card, at the time of services rendered?

A. Reimbursement for eligible expenses under all plans can be made by submitting a completed claim form (M18979), the providers diagnosis and a copy of the bill (charge slip) showing charges incurred for treatment.

12. The doctor treating the participants has prepared one bill for a group of injured people. Is it necessary to complete a separate claim form for each individual receiving treatment?

A. Yes. Even though payment will be made to one doctor or hospital, a claim form must be fully completed for each person.

13. A participant decides, while returning from an event, to visit a relative or friend who lives nearby and becomes injured in a bus accident on the way to or while leaving the relative or friend's home. Would the participant's medical bills be covered?

A. No. Coverage only applies to accidents which occur while traveling directly to and from the covered activity. Side trips or visits aren't covered.

14. Who are benefits paid to?

A. Unless a specific beneficiary designation has been made for this insurance and is on file with the company, the benefit for loss of life and other unpaid accrued benefits will be paid in accordance with the following surviving preference beneficiaries: (a) the insured's spouse; (b) the insured's child or children, jointly; (c) the insured's parents, jointly, or to the surviving parent; (d) the insured's brothers and sisters, jointly; or (e) the insured's estate.

15. For a coverage or claim questions how do we contact Mutual of Omaha?

A. Mutual of Omaha's toll-free number is: 800-524-2324

16. How are benefits claimed?

A. To claim benefits, fill out a claim form (M18979). See **Section, How to File a Claim.**

**Note:** The council will need to review all claim forms and report serious accidents to its general liability insurance carrier. General liability policies often include a medical payments (Med Pay) sublimit. Med Pay on a general liability policy may also be applicable in addition to Activity Accident insurance, depending on the facts and circumstances of the incident or accident. Check with your agent/broker.

## Covered Activities:

17. Are fundraising drives, money-earning events and program activities, such as cookie sales, covered?

A. Yes, all Girl Scout approved and supervised program events and activities are included.

18. Is traveling to and from a group meeting or activity covered?

- A. Yes. The insurance includes travel to and from group meetings or activities, provided it's direct. The insurance doesn't cover accidents which occur during or after deviation from the direct route to or from the meeting place. For example, a parent picks up a member(s) from a meeting and is going home while injured on the road, this scenario may be covered. Conversely, a parent picks up a member then proceeds to the shopping mall and grocery store, all before going home and is injured, this scenario may not be covered.

19. Are the independent activities of members (adult or youth) which are not Girl Scout approved and are planned separately from the council's Girl Scout Program on their own covered under the Insurance plan?

- A. No. Personally planned non-Girl Scout activities engaged by an individual or group of members, are not covered under this plan.

\*The insurance plan does not cover situations such as: **(a)** several members who, apart from the Girl Scouts of which they're members, are also personal friends or classmates and as such go swimming, camping, traveling to a recreation center or elsewhere; **(b)** a mother who's a volunteer who takes her daughter and her daughter's friends, also Girl Scouts, on an outing; **(c)** two or three Girl Scouts of one group who, in the home of one, work on a project toward a badge without adult supervision; **(d)** some or all of the Girl Scouts on the way home after a troop meeting go to the movie or stop at the mall.

20. If a member is injured while individually practicing skills for a badge or learning a sport, such as individual roller skating or horseback riding, is she covered under the insurance plan?

- A. No. These are individual activities conducted outside of the Girl Scout group setting and not under the direct supervision of Girl Scout group leadership.

21. Is coverage provided under the insurance plan if members of our group travel outside the United States on a Girl Scout project or activity?

- A. Yes. International travel is automatically included.

22. Does the insurance plan cover the delivery of Girl Scouting programs outside of the traditional Girl Scout group?

- A. Yes. An example of such a program would be a special interest group, which meets the criteria established for the activity to be considered Girl Scouting as confirmed by the council.

23. A participant falls while hiking along a trail during a Girl Scout approved event and hits her face on a rock breaking off two front teeth. Is the repair of the damaged teeth covered by this insurance?

- A. Yes. The plan includes a \$5,000 dental benefit. Dental treatment received from a legally qualified dentist or surgeon for injuries to sound, natural teeth because of an accident are covered. Coverage is only for such treatment received within the 52-week period immediately following the date of the accident unless, within that period, the dentist certifies that such dental treatment must be deferred. The estimated cost of the deferred treatment would be covered, but not to exceed the \$5,000 maximum deferred dental benefit for each accident.

24. If a member loses a filling or breaks a false tooth, a bridge or a brace, would the dental work be covered by accident and sickness insurance?

- A. No. Only dental treatment to sound, natural teeth damaged because of an accident during Girl Scouts is covered by the policy.

25. Suppose a group of hikers, upon leaving the trails from an all-day activity but have not slept overnight, become ill from food poisoning contracted at the activity, would this be covered by accident and sickness insurance?

- A. Yes, if it can be shown that the group became ill due to food poisoning contracted during participation in the activity/event covered by accident and sickness insurance. Sickness from food poisoning or sickness from a reported insect bite event, as another example, should be reported to Mutual of Omaha for claim consideration. If the sickness is caused by an event during participation (i.e. a type of accident) then it could be considered related to Girl Scouts and covered. As with all insurance, claims submitted are subject to the individual facts and circumstances concerning the injury when determining if coverage applies



## Definitions

“**Company**” means Mutual of Omaha Insurance Company.

“**Heart or circulatory malfunction**” means disease or illness of the heart or circulatory system which: **(a)** is first diagnosed and treated while the registered participants coverage is in force; **(b)** occurred at an approved and supervised Girl Scout activity within 24 hours after participation; and **(c)** the registered participant has not been medically advised of or received any medical treatment for such heart or circulatory malfunction prior to such group activity.

“**Hemiplegia**” means complete loss of function of one side of the body with involvement of the arm and leg.

“**Hospital**” means a place licensed as a hospital (if licensing is required by law), which has a graduate nurse always on duty, and a laboratory and an operating room (both on the premises) where major surgical operations are performed by persons legally qualified to do so. In no event, however, will the term “hospital” mean a hospital or an institution or part of such hospital or institution which is licensed as or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, or treatment center for drug addicts or alcoholics.

“**Injuries**” means accidental bodily injuries received by you while this policy is in force which result independently of sickness and all other causes in: **(a)** loss of life, limb or sight, paraplegia, hemiplegia or quadriplegia; and/or **(b)** expense incurred for hospital and professional services specified in this policy.

“**Irreversible coma**” means: **(a)** state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and **(b)** a diagnosis of brain death by the attending legally qualified physician.

“**Legally qualified physician**” means a physician, other than the insured, who is practicing within the scope of his or her license and is recognized as a physician in the state where the services are rendered.

“**Loss of hand or hands or foot or feet**” means severance at or above the wrist joint or ankle joint, respectively.

“**Loss of arm or arms or leg or legs**” means severance at or above the elbow joint or knee joint, respectively.

“**Loss of eye or eyes**” means the total, uncorrectable and irrecoverable loss of the entire sight thereof.

“**Loss of thumb and index finger**” means severance of at least one entire phalanx from each digit of the same hand.

A “**medically necessary**” service or supply means one which: **(a)** is recommended by the attending legally qualified physician; **(b)** is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and **(c)** could not have been omitted without adversely affecting the insured’s condition or the quality of medical care.

“**Nonmember participant**” means any person invited to attend or participate in a Girl Scout approved/supervised event.

“**Paraplegia**” means complete loss of function of the lower extremities of the body with involvement of both legs.

“**Quadriplegia**” means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

## Terms

Some of the terms used in this guide are defined in the applicable contracts, insurance law and usage, and case law. The following is designed merely to assist users of the guide as they administer the applications and claims.

**Environmental educational camping** — This includes use of Girl Scout facilities by nonmembers, and can be insured if the actual management of activity is by Girl Scout staff/volunteers in conformance with Girl Scout program standards. Such groups may include school classes, members of other informal educational groups such as Boy Scouts, and community or religiously funded organizations.

**Family camping** — Girl Scout property may be made available for members and their families for camping. If the council provides activities for part of the period, and actively manages the event, then family camping events can be insured. If the council merely acts as a “campground” where families do as they desire (whether or not the council supplies the meals), then the event isn’t insurable under the plans in this guide.

**Girl Scout program standards** — This term is meant to include applicable portions of **The Blue Book**, **Girl Scout Safety Standards**, **Volunteer Essentials and Safety Activity Checkpoints** as well as related GSUSA materials.

**Member** — A currently registered member of the Girl Scouts of the USA. This means that visiting Girl Scouts/guides from other organizations aren’t covered as “members,” but can be as “nonmembers.”

**Participants** — This includes adults, minors, members and nonmembers who participate in an event. For example, at an enrollment event, it would include current members, the volunteers and any staff that will be attending and managing the activities designed especially for the potential enrollees, their parents, the children placed in a supplemental supervised Unit, and the supervisor(s) of that unit.

**Staff** — This includes both volunteers and employees. The definition focuses on the role of the person, not whether or not they’re “paid” or are statutory employees under various laws.

**Supplemental supervised unit** — This may be called by many names. Some common ones include “boys’ unit,” and “pixie unit.” The reason they’re insurable is that they’re continuously supervised. In resident camping there may be a counselor assigned specifically to supervise the children of staff who aren’t campers. In the troop/group setting, it may be siblings who are kept together away from the Girl Scout programming and supervised by an adult: member or nonmember, or a properly trained and adult-supervised older Girl Scout.

**Tagalong** — Tagalongs are siblings and friends who come with parents or guardians to a Girl Scout event.

