

REQUEST FOR ADDITIONAL INSURANCE

To request additional insurance, complete the form below, and forward to Girl Scouts Heart of the Hudson, Inc., 2 Great Oak Lane, Pleasantville, NY 10570. This request and premium must be received in the Council office at **least two weeks prior** to the starting date of the event.

All plans **MUST** be purchased with a minimum of \$5.00. The insurance is computed on a "per person" "per day", (not "per night") basis. All checks should be made payable to **United of Omaha Life Insurance.**

EVENT: Name: _____
 Place: _____
 Date(s): Beginning date: _____ Ending Date: _____
 Coordinator: _____
 Phone: _____ Email: _____

Please indicate the insurance plan being requested:

- Plan 2 - Non-Member Participant Insurance (\$11 per person per day).
- Plan 3E - Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$29 per person per day). *Excess Plan.*
- Plan 3P - Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$70 per person per day). *Primary Coverage Plan.*
- Plan 3PI - Accident and Sickness Insurance for International Travel (\$1.17 per person per day)*

Troop/Group Leader/Advisor: _____

Address: _____

Service Unit # _____ Troop/Group # _____

ACTIVITY PARTICIPANTS REQUESTING INSURANCE: * Names required for overnight trips*

	<u>Name</u>	<u>Male/Female</u>	<u>Age (children)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Use back of form for any additional participants.

* _____ # participants X _____ # days X \$ _____ = \$ _____ **Total Premium Due (Minimum Fee \$5)**

Signature of Troop/Group: Leader: _____ Date: _____

Forward to: Girl Scouts Heart of the Hudson Inc., 2 Great Oak Lane, Pleasantville, NY 10570