

Extra Insurance Enrollment Form



Submit this form for Plan 2 or Plan 3 at least **three weeks** prior to your scheduled activity. GSU approval is required.
 Troop volunteers do not submit enrollment forms directly to Mutual of Omaha.
 Send completed form and payment to: Girl Scouts of Utah, 445 East 4500 South, Ste 125, Salt Lake City, UT 84107

Troop Leader/Service Unit Volunteer Name _____

Service Unit _____ Troop Number _____

Location of Event/Trip (City & State or Country) _____

Name & Phone Number of Person Submitting Form _____

- **Basic Plan 1** – The Basic Plan 1 automatically covers Girl Scout members and non-members, who are invited to participate, and are injured during the Girl Scout sponsored and supervised activity or trip. No action is needed for Basic Plan 1 insurance.
- **Plan 3P** – Accident plus Sickness: Plan 3P covers the same as Basic Plan 1 *plus sickness coverage*. Sickness coverage must be purchased separately and is intended as an option for extended, long-distance trips. As of December 2023, the total cost is \$0.70 per day per person.
- **Plan 3PI** – Accident plus Sickness for International Trips: Plan 3PI coverage is needed for international trips. It provides accident plus sickness coverage for trips outside of the USA. The Basic Plan 1 will not cover international trips, so it is necessary to purchase Plan 3PI when taking Girl Scouts on international travel. As of December 2023, the total cost is \$1.17 per day per person.

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.

Name & Location of Event/Trip	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Number of Participant Days (1x2)	(4) Premium Each Day .70/ 1.17	(5) Total (3x4)
<i>Ex. Troop 000 trip to NYC</i>	12/10/23	12/16/23	5	7	35	0.70	\$24.50

Check or money order, payable to Girl Scouts of Utah TOTAL ENCLOSED \$ _____

Credit Card: MasterCard VISA American Express Discover

Card Holder: (print name) _____

Card No. _____ Expiration Date: _____ CSV: _____

Signature of Cardholder _____

Signature of person submitting form _____ Date _____

FOR OFFICE USE ONLY
Date Insurance is Submitted _____
Submitted By _____

Note: Since prices for insurance are subject to change without notice, use the form with the most current prices located on GSU's website: www.gsutah.org.