

Extra Insurance Enrollment Form

Girl Scouts of the Desert Southwest approval is required. Troop volunteers do not submit enrollment forms directly to Mutual of Omaha.

Submit Enrollment Form for Extra Insurance for Plan 2 or Plan 3 at least **three weeks** prior to your scheduled activity. Send completed form and payment to Girl Scouts of the Desert Southwest, 9700 Girl Scout Way, El Paso, TX 79924.

Troop Volunteer Name _____

Service Unit Name _____ Troop # _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Name of Person Submitting Form _____

Plan 1 Every registered member of Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance.

Plan 2 This plan provides basic accident protection for **every non-registered member** (including family members) in approved, supervised Girl Scout activities. **As of Jan 2020, the total cost is .11 per person per day.** You may include several events at one time. This plan covers accident only.

Plan 3 This plan is required when a troop or group takes a trip that lasts three nights or more within the United States. **As of Jan 2020, the total cost is .70 per person per day.** This plan covers health and accident only. You must apply for all days when using this plan.

Plan 3PI This plan is for when a troop or group take an international trip. **As of Jan 2020, the total cost is \$1.17 per person per day.** This plan covers health and accident only.

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 \$5.00.**

Schedule of Each Event/Trip

Name and Location of Event/Trip	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1X2)	Premium Each Day .11/.70/1.17	Total (3X4)
Total Enclosed	N/A	N/A					

- Check or money order. *Make checks payable to Girl Scouts of the Desert Southwest*
- Credit Card. *A council staff member will contact you for card information.*

Signature of person submitting the form _____ Date _____

FOR OFFICE USE ONLY

Date Insurance Submitted _____

Submitted By _____