



Insurance Enrollment Form

Submit the completed enrollment form through the Girl Scout Office for approval.
 Mail to PO Box 507, Charleston, WV 25302, fax to (304) 345-6427 or email to customercare@bdgsc.org.

Coverage must be purchased prior to the event. Forms must be submitted no later than 1 week before the event takes place.

Leader name or name of person submitting this form _____

Troop # _____ Service Unit _____

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except statutory employees covered under workers' compensation):

Choose a Plan:

Plan 2 - Accident Only

Plan 2 has been designed for:

Members – During activities/events lasting more than two nights (three nights when one of the nights is an official federal holiday).

Nonmembers – It covers nonmembers as participants regardless of the length of the activity/event.

- they cover travel to and from the covered activity;
- they are easy to administer – covers both Members and Nonmembers with the completion of a single Enrollment

Plan 3E and 3P - Accident and Sickness

Plans 3E and 3P are the same as Plan 2 except it also covers sickness.

Schedule of Each Event

Name and Location of Event	Beginning and Ending Date	Number of Participants	Number of Days	Number of Participant Days (1x2)	Premium Each Day @ .11 for Plan 2 @ .67 for Plans 3E & 3P	Total (3x4)
<i>Sample: Camping Camp Rocky Ledges</i>	<i>2/5/XX to 2/9/XX</i>	<i>25</i>	<i>5</i>	<i>125</i>	<i>\$.11</i>	<i>\$13.75</i>
1.						
Location:						
2.						
Location:						
3.						
Location						
TOTAL	N/A					

MINIMUM PREMIUM is \$5.00. Several enrollment forms included in one submission may be combined to meet the minimum.

CHECKING ACCOUNT INFORMATION:

ROUTING # _____ ACCOUNT # _____

Council Signature _____ Title _____ Date _____

CANNOT use MC/VISA/Debit, etc.