



Insurance Enrollment Form

Submit the completed enrollment form through the Girl Scout Office for approval.
 Mail to 321 Virginia St., W., Charleston, WV 25302, fax to (304) 345-6427 or email to
 joe.whittington@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 - \$0.11 per day

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 - Accident and Sickness - \$0.29 per day

Plans 3E is the same as Plan 2 except it also covers sickness for activities/events lasting more than two nights, three days. **Does not cover COVID-19.**

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 @ \$0.11 for Plan 2 @ \$0.29 for Plans 3E	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.