



# 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)
Sample: Camping Camp Rocky Ledges	2/5/XX to 2/9/XX	25	5	125	\$.11	\$13.75
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.**