

GIRL SCOUTS, TARHEEL TRIAD COUNCIL, INC.  
8818 WEST MARKET STREET  
COLFAX, NORTH CAROLINA 27235  
336-274-8491 OR 800-672-2148 FAX: 336-369-7476

### REQUEST FOR PURCHASE OF ADDITIONAL GIRL SCOUT ACTIVITY INSURANCE

Purchase of additional insurance is required for events lasting two or more consecutive nights. This form must be received at least FOUR (4) weeks before the departure date and should be attached to the Trip Approval Application Form along with check payable to United of Omaha Life Insurance Company. Failure to submit this form and/or payment on time may result in the trip NOT being approved by Girl Scouts, Tarheel Triad Council, Inc.

Troop Number: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_

Type of Activity: \_\_\_\_\_  
\_\_\_\_\_

Destination: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Total Number of Participants: \_\_\_\_\_

Please attach a copy of the Trip Roster for International Trips (Plan 3PI). Trip Roster should be printed or typed and include: Trip Country, Trip Date(s), Council #, Participant Name(s), and Age. The Trip Roster is REQUIRED if traveling out of the country.

#### LEVEL OF COVERAGE DESIRED (please check one):

**Plan 2: \$ .11 per day per participant**

Accident insurance covers all participants, members and non-members, for approved events lasting two consecutive nights (three nights when one of the nights is a official federal holiday).

**Plan 3E \$ .29 per day per participant**

Accident and Sickness insurance covers all participants for approved events lasting two consecutive nights (three nights when one of the nights is a official federal holiday). Benefits are subject to the non-duplication provision.

**Plan 3P \$.67 per day per participant**

Accident and Sickness insurance covers all participants for approved events lasting two consecutive nights (three nights when one of the nights is a official federal holiday). Not subject to the non-duplication provision.

**Plan 3PI \$1.17 per day per participant**

Accident and Sickness insurance covers all participants for approved foreign travel trips. Not subject to the non-duplication provision. Coverage includes emergency travel assistance (AXA Assistance-USA).

**Enclose a check for total premium calculated:**

# of participants \_\_\_\_\_ x's # of days \_\_\_\_\_ x's Premium Per Day \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Please make check payable to : United of Omaha Life Insurance Company

NOTE: The minimum premium is \$5.00 per submission to the insurance company. You may purchase insurance for several events at the same time or coordinate with other troops/groups. The information provided above is not a contract or certificate of insurance. The information is subject to the terms and conditions of the Master Policies issued to Girl Scouts of the USA. If you have a question about the insurance or the handling of a claim, please contact the Council office.