



Girl Scouts of Middle Tennessee
www.gsmidtn.org
Application for Optional Insurance



Mail to:
 Girl Scouts of Middle Tennessee
 Attn: Travel Insurance
 4522 Granny White Pike
 Nashville, TN 37204

Optional Insurance is required for Extended Overnights that are 3+ nights in length (regional or local) and all International Trips outside of the United States of America

Plan 2:	To insure non-members who are participating in Girl Scout activities or to insure members who are participating in activities not covered by the Basic Plan such as extended trips of more than three nights. This plan covers ACCIDENTS only. It is SECONDARY insurance and (generally) tagalongs cannot be insured. COST: \$0.11 per person per day. (Non-member siblings can only be insured for day camps and family events.)
Plan 3E:	To insure members and non-members who are participating in activities not covered by the Basic Plan. This plan covers ACCIDENTS and SICKNESS. It is SECONDARY insurance, and tagalongs cannot be covered. COST: \$0.29 per person per day.
Plan 3P:	To insure members and non-members who are participating in activities lasting three consecutive nights or longer. This plan covers ACCIDENTS and SICKNESS. It is PRIMARY insurance, and tagalongs cannot be covered. This plan does not include a travel assistance feature. COST: \$0.70 per person per day.
Plan 3PI:	To insure members and non-members who are participating in international travel. This plan covers ACCIDENTS and SICKNESS. It is PRIMARY insurance and includes a 24-hour Travel Assistance Service feature accessible by phone anywhere in the world for hands-on help prior to the trip and with medical or other emergencies during the travel period. Tagalongs cannot be covered. COST: \$1.17 per person per day.

Prices can change without notice. For clarification, "Secondary" means family insurance plans pay first on claims and Girl Scout plans pay second. If there is no family insurance or if Plan 3P is chosen, Girl Scout insurance pays first. Only one optional plan can be used for any one event.

Name _____ Phone # (home, work, cell) _____

Address _____
Street or Route City State Zip

Email _____ Plan Desired _____ Troop # _____ Location of Event _____

Type of Activity: Troop Event SU Event Family Event

Is an Intent to Travel Application Needed for this activity? Yes No

Has an Intent to Travel Application been approved for this activity? Yes No

To calculate the payment needed for the plan desired, fill in the boxes below. You must insure every person in the group and you must insure them for all the calendar dates over which the event extends ("day" equals "date"), including the BEGINNING DATE (the day you are leaving) and the ENDING DATE (the day you are returning home).

(1) Beginning Date	(2) Ending Date	(3) Total # of Participants	(4) Total # of Days	(5) Multiply: Box 3 x Box 4	(6) Cost of Plan (above)	(7) Multiply: Box 5 x Box 6	(8) Total Payment Due

The figure in box 7 is usually the total payment due. **However, the total payment cannot be less than \$5.00. If your calculations add up to less than \$5.00, you must still pay a \$5.00 minimum.**

Make your check payable to – Mutual of Omaha
(contact Sue Tims to pay by credit card: stims@gsmidtn.org; 615-460-0235

Send your payment and this application form to the address above. Your application must arrive in the council office **NO LESS THAN 3 WEEKS** ahead of the beginning date of the event or trip departure. Applications received too late to fit within Mutual of Omaha's procedures cannot be accepted and the event will not be insured. Any errors must be corrected **BEFORE** the application can be sent to the insurance company.

NOTE: Please be aware that prices can change. Check for updated applications before submitting this form. If you have the incorrect form, we CANNOT process your application until we have the correct payment.