



ACTIVITY ACCIDENT INSURANCE REQUEST FORM

DO YOU NEED ACTIVITY ACCIDENT INSURANCE?

1) Will any non-Girl Scouts be participating in your event/trip?

- YES -- Please fill out enrollment for Plan 2 below & submit at least 2 weeks prior to event/trip
- NO -- Continue with question 2.

2) Is your trip/event more than 2 nights (3 if it includes a Federal Holiday)?

- YES -- Please fill out enrollment for Plan 3E or 3P below, for ALL participants, & submit at least 4 weeks prior to trip.
- NO -- Continue with question 3.

3) Is your trip to an international location?

- YES -- Please fill out enrollment for Plan 3PI below, for ALL participants, & submit at least 4 weeks prior to trip
- NO

IF YOU ANSWERED YES TO QUESTION 1, 2, OR 3, PLEASE COMPLETE AN ENROLLMENT FORM BELOW

THINGS TO REMEMBER

- When counting number of days, count each day not a 24-hour period.
(Ex: A campout from Friday 3:00 p.m. - Sunday 10:00 a.m. would be 3 days.)
- There is a (\$5.00) minimum purchase.
- Payments are processed using bank account information provided and will appear from Mutual of Omaha.
- Enrollment request must be submitted no later than 2 weeks prior to the event/departure date, or 4 weeks for extended/international trips.
- You only need to purchase one type of additional insurance per event. Contact Customer Care at 213 213-0123 for assistance.

For your convenience, below are the addresses for each GSGLA Service Center

Regular business hours: Monday - Friday, 8:30 a.m. - 5 p.m. Our service centers are CLOSED every 2nd and 4th Monday of each month

GSGLA Headquarters
1150 S. Olive Street, Ste. 600
Los Angeles, CA 90015

Inglewood Service Center
423 N. La Brea Ave.
Inglewood, CA 90302

Arcadia Service Center
101 E. Wheeler Ave.
Arcadia, CA 91006

Long Beach Service Center
4040 N. Bellflower Blvd.
Long Beach, CA 90808

Upland Service Center
313 E. Foothill Blvd.
Upland, CA 91786

Santa Clarita Service Center
18316 Soledad Canyon Rd
Santa Clarita, CA 91387



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EVENT INFORMATION

Event/Trip Name/Description:

Special Event ID #(if applicable):

If this is an event, will 4 or more troops be participating in it? YES NO If YES, how many?

Event/Trip Location:

Event/Trip Date(s): FROM TO

Adult in Charge:

Email:

Day Phone:

Evening Phone:

Troop/Service Unit Requesting Insurance:

(1)

(2)

(3)

(4)

(5)

(6)

Plan Type	# Girl Scouts	# Non-Girl Scouts	Total # Participants = Col 1+Col 2	Total # of Days	Participant Days = Col 3 x Col 4	Premium each Day	Total =Col 5 x Col 6
2 (covers accidents only)	N/A					11¢	
3E (covers accidents & illness; coordinates with any family health plan)						29¢	
3P (covers accidents & illness; is primary coverage)						70¢	
3PI (covers accidents, illness, and travel assistance services)						\$1.17	

Include notes or attach additional documentation here if needed:

Plan(s) Subtotal

\$

Plan(s) Total:

\$