

Activity Accident Insurance Comparison Chart *(summary)*



	Plan 1 Basic Plan	Plan 2	Plan 3E Accident & Sickness	Plan 3P Accident & Sickness	Plan 3PI Accident & Sickness Insurance for International Trips	International Inbound Accident & Sickness Insurance for Girl Guides/Girl Scouts Visiting the USA
ELIGIBILITY	All registered Girl Scouts (girl and adult).	All participants (Members and Non-members) of Girl Scout Council sponsored/supervised events.	All participants (Members and Non-members) of Girl Scout Council sponsored/supervised events.	All participants (Members and Non-members) of Girl Scout Council sponsored/supervised events.	All participants (Members and Non-members) of Girl Scout Council sponsored/supervised events.	Councils who are hosting Girl Guides/Girl Scouts visiting the United States
COVERAGE (any approved and supervised Girl Scout Activity)	Lasting two consecutive nights or less	Members - For events lasting more than two consecutive nights Non-members - no event duration timeframe	Lasting more than two nights	Lasting more than two nights	Lasting more than two nights	Coverage provided 24 hours a day for Girl Guides/Girl Scouts visiting the United States including travel directly to and from the insured's home and the United States.
PREMIUM RATES	The cost is paid by Girl Scouts of the USA	The cost is \$0.11 per participant per calendar day or portion thereof	The cost is \$0.29 per participant per calendar day or portion thereof	The cost is \$0.70 per participant per calendar day or portion thereof	The cost is \$1.17 per participant per calendar day or portion thereof	The cost is \$3.30 per person per calendar day
Non Duplication Provision	First \$140 then medical expenses excess to other insurance	First \$140 then medical expenses excess to other insurance	First \$140 then medical expenses excess to other insurance	NOT APPLICABLE	NOT APPLICABLE	NOT INCLUDED



Mutual of Omaha

**UNITED OF OMAHA LIFE
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Plan 2

Enrollment Form For Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha Companies, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. **Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.**

FROM: GSCM 4806 Seton Drive, Baltimore MD 21215 membercare@gscm.org

Council approval is required – forms without the appropriate Council signature cannot be processed; troop leaders should not submit enrollments directly to Mutual of Omaha Companies.

Council Code No. 218

Leader name or name of person submitting this for form _____

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY for the **TOTAL PREMIUM** shown below is enclosed. **MINIMUM PREMIUM is \$5.00**, except that several enrollment forms included in one submission may be combined to meet the minimum.

Schedule of Each Event

Name and Location of Event	Beginning Date	Ending Date	(1)	* (2)	(3)	(4)	(5)
			Number of Participants	Number of Days	Number Participant Days (1x2)	Premium Each Day @ 11 ¢	Total (3 x 4)
Sample: Camping, Camp Conowingo, 46 Shadowbrook Rd, Conowingo MD 21918	2/5/xx	2/8/xx	10	4	40	11 ¢	40 x 11¢ = \$4.40 (Min \$5)
1.							
2.							
3.							
4.							
5.							
TOTAL	N/A	N/A					

*(2) Please count each day of a trip even if it starts at 10pm

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except statutory employees covered under workers' compensation):

Council Signature _____ Title _____ Date _____

Underwritten by United of Omaha Life Insurance Company



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Plan 3E

Enrollment Form For Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha Companies, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. **Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.**

FROM: GSCM 4806 Seton Drive, Baltimore MD 21215 membercare@gscm.org

Council approval is required – forms without the appropriate Council signature cannot be processed; troop leaders should not submit enrollments directly to Mutual of Omaha Companies.

Council Code No. 218

Leader name or name of person submitting this for form _____

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Schedule of Each Event

Name and Location of Event	Beginning Date	Ending Date	(1)	* (2)	(3)	(4)	(5)
			Number of Participants	Number of Days	Number Participant Days (1x2)	Premium Each Day @ 29 ¢	Total (3 x 4)
Sample: Camping, Camp Conowingo 46 Shadowbrook Rd, Conowingo MD 21918	2/5/xx	2/8/xx	10	4	40	29 ¢	40 x 29¢ = \$11.6
1.						29 ¢	
2.						29 ¢	
3.						29 ¢	
4.						29 ¢	
5.						29 ¢	
TOTAL	N/A	N/A					

*(2) Please count each day of a trip even if it starts at 10pm

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except statutory employees covered under workers' compensation):

Council Signature _____ Title _____ Date _____

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Plan 3P

Enrollment Form For Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha Companies, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. **Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.**

FROM: GSCM 4806 Seton Drive, Baltimore MD 21215 membercare@gscm.org

Council approval is required – forms without the appropriate Council signature cannot be processed; troop leaders should not submit enrollments directly to Mutual of Omaha Companies.

Council Code No. 218

Leader name or name of person submitting this for form _____

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY for the **TOTAL PREMIUM** shown below is enclosed. **MINIMUM PREMIUM is \$5.00**, except that several enrollment forms included in one submission may be combined to meet the minimum.

Schedule of Each Event

Name and Location of Event	Beginning Date	Ending Date	(1)	*(2)	(3)	(4)	(5)
			Number of Participants	Number of Days	Number Participant Days (1x2)	Premium Each Day @ 70 ¢	Total (3 x 4)
Sample: Camping, Camp Conowingo, 46 Shadowbrook Rd, Conowingo MD 21918	2/5/xx	2/8/xx	10	4	40	70¢	40 x 70¢ = \$28
1.						70 ¢	
2.						70 ¢	
3.						70 ¢	
4.						70 ¢	
5.						70 ¢	
TOTAL	N/A	N/A					

*(2) Please count each day of a trip even if it starts at 10pm

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except statutory employees covered under workers' compensation):

Council Signature _____ Title _____ Date _____

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Plan 3PI

Enrollment Form for International Trips For Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha Companies, Special Risk Services, P.O. Box 31716, Omaha, NE 68131. **Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout event.**

FROM: GSCM 4806 Seton Drive, Baltimore MD 21215 membercare@gscm.org

Council approval is required – forms without the appropriate Council signature cannot be processed; troop leaders should not submit enrollments directly to Mutual of Omaha Companies.

Council Code No. 218

Leader name or name of person submitting this for form _____

Please provide Accident and Sickness Insurance to cover all enrolled participants in the following approved, supervised Girl Scout trip (except statutory employees covered under workers' compensation).

Trip Schedule

Name and Location of Event	Beginning Date	Ending Date	(1) Number of Participants	*(2) Number of Days	(3) Number Participant Days (1x2)	(4) Premium Each Day @ \$1.17	(5) Total (3 x 4)
Sample: Royal Caribbean Cruise, Port of Baltimore, Port King's Wharf Bermuda, Port of Baltimore	2/5/xx	2/8/xx	10	4	40	\$1.17	40 x \$1.17=\$46.8
1.						\$1.17	
TOTAL	N/A	N/A					

*(2) Please count each day of a trip even if it starts at 10pm

ATTENTION TROOP LEADER:

Please attach the trip roster to this enrollment form. (See format on Instruction Sheet.)

Important Note to Leaders: Please prepare and bring a list of emergency parental, guardian or other personal contacts and their telephone numbers for all participants with you during the trip.

Council Signature _____ Title _____ Date _____

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