

ACTIVITY INSURANCE REQUEST FORM



Basic Plan 1 automatically covers Girl Scout members (youth or adults) and non-member participants when injured during any approved and supervised Girl Scout activity, including travel directly to and from the covered activities. Basic Plan 1 coverage does not remove the need to fulfill requirements that impact general volunteer liability, such as background screening policies, travel approval, and overall membership requirements for volunteers. For international activities, or if a more comprehensive level of coverage is desired for an activity, please complete this form to request the necessary insurance plan.

Service Unit or Troop Requester's Name

Requester's Phone Number Requester's Email

Requester's Address

Type of Activity Location: city, state (or country for international activities)

Start Date End Date Number of Participants Receiving Coverage

Level of Coverage (select one option): Review the "Activity Insurance Plans" in Forms and Documents at gscnc.org for more details about each level of coverage.

- Plan 3P \$0.70 per participant per day accident + sickness
Plan 3PI \$1.17 per participant per day accident + sickness + AXA Travel Assistance
International Inbound \$3.30 per participant per day accident + sickness + AXA Travel Assistance

Cost Estimate: # of participants X # of days X plan rate = total\*
\*totals less than \$5 will be increased to \$5 at purchase

Submit this completed form: (1) via email to HR Coordinator Sarah Dec at sdec@gscnc.org OR (2) via mail to: 4301 Connecticut Ave NW, STE M-2, Washington, DC 20008, ATTN: HR

Payment can be made via credit/debit card by calling 202-274-3320, or by check. If paying by check, please make it payable to Girl Scouts Nation's Capital and mail to: 4301 Connecticut Ave NW, Washington, DC 20008, ATTN: HR

If you are purchasing Plan 3P, please submit a roster with the first and last names of the participants within two weeks before or after the activity.

If you are purchasing Plan 3PI or International Inbound, a roster with the first name, last name, and age (in years) of each participant **must be included with your request.**

You may use the space below to include your roster with your completed request form or send your own version of a roster via email or mail (to the addresses listed at the bottom of Page 1).

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