

Council Insurance Guide



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GIRL SCOUT ACTIVITY ACCIDENT INSURANCE AND OPTIONAL PLANS

Staff Members responsible for the administration of the insurance coverages will wish to review the entire Guide. Most of the questions raised by Girl Scout volunteers are answered by the Guide. The time devoted to a complete review will be most helpful and result in saving time when performing administrative duties.

Every registered member of the Girl Scouts of the USA is automatically covered under the Basic Activity Accident Insurance (Plan 1). To assure coverage of all registered Members, the entire cost of the Basic Plan is paid for by the Girl Scouts of the USA.

Councils are encouraged to purchase the appropriate Optional Plan for their activities. The GSUSA sponsored plan(s), underwritten by United of Omaha, a Mutual of Omaha Company, gives the Council the knowledge that the plan(s) they purchase will be consistently administered.

United of Omaha's staff has over 35 years of experience in working with Girl Scout Councils, and understands Girl Scout programming.

Plan 1 – Member's Accident – The Basic Plan covers registered Members for any approved, supervised Girl Scout activity lasting two consecutive nights or less (three nights when one of the nights is a federal holiday).

Plan 2 – Member's and Nonmember's Accident – Accident Insurance covers all member's as participants for events lasting longer than those covered by Plan 1; and all nonmember's as participants regardless of the length of the activity/event.

Plan 3E & 3P – Member's and Nonmember's Accident and Sickness – Accident and Sickness Insurance covers all participants for events lasting longer than those covered by Plan 1.

Under Plan 3E Accident Medical expense and Dental Expense Benefits payable are subject to the Nonduplication Provision.

Under Plan 3P benefits are not subject to the Nonduplication Provision.

Plan 3PI – Member's and Nonmember's Accident and Sickness – Accident and Sickness Insurance covers all participants for international trips. Not subject to the Nonduplication provision.

International Inbound – Accident and Sickness Insurance designed for Councils who host Girl Guides/Girl Scouts visiting the United States. Not subject to the non-duplication provision.

NOTE: Under all Optional Plans, 100% enrollment of all event participants is required, unless a participant is a Member and is covered under Plan 1 for the event. There is a minimum premium charge of \$5.00 for each online submission. However, the Council may include several events in one submission to meet the minimum.

Insurance must be ordered for the period of time beginning with the day the participant leaves home through the day the participant returns home (i.e., event scheduled June 1 through June 5 equals five calendar days).

Great care has been taken to present the information contained in this Guide clearly, completely and organized in such a way that it will continue to serve as the reference manual for all functions of this insurance service. However, please keep in mind that all information contained in this Guide and in various brochures and publication articles are not contracts or Certificates of Insurance. All such information is subject to the terms and conditions of the applicable Master Policy issued to the Girl Scouts of the USA.

Our Pledge to You

Service often distinguishes one insurance company from another. At United of Omaha Life Insurance Company, a member of the Mutual of Omaha family of Companies, our associates provide quality service to you before and after you receive the policy's benefits. We pledge to meet or exceed policyholders' requirements and get the job done right the first time, every time.

United of Omaha's Record is Your Guarantee of Service Satisfaction

Since 1971, Girl Scouts of the USA has placed their trust in United of Omaha by endorsing our insured's coverage. And we're pleased that, through the years, we've truly earned your confidence as the "People you can count on" by providing quality protection and service.

We're especially pleased that we've been able to serve you by paying OVER \$17,300,000 IN BENEFITS under the Girl Scout Basic and Optional Plans of coverage.

United of Omaha's management of the Girl Scout's insurance programs is based upon time-proven procedures established through years of serving organizations such as yours. Our continuing record of successful service to the Girl Scout organization and its members guarantees that you can count on us to meet the needs of the future as we have those of the past.

To assure continued good service for these coverages, United of Omaha has dedicated administrative areas within its Home Office to serve you. These areas have been in operation since the introduction of the plans and are staffed by people especially trained to administer the Girl Scout coverages. This staff will assist you with any questions you may have about these coverages. Direct any questions to:

United of Omaha Life Insurance Company Special Risk Services

For Premium:

P.O. Box 31716
Omaha, NE 68131

For Claims:

P.O. Box 31156
Omaha, NE 68131

OR Call 1-800-524-2324

COMPARISON CHART OF THE GSUSA INSURANCE PLANS

The following is a high-level comparison of the coverage contained in the Master Policies issued to the Girl Scouts of the USA and underwritten by United of Omaha Life Insurance Company. **For further details, please refer to the appropriate Plan Outline within this Guide.** All information given is subject to the terms and conditions of the Master Policies. Any questions call Special Risk Services at 1-800-524-2324.

	Plan 1 Accident Insurance Basic Coverage	Plan 2 Accident Insurance	Plan 3E Accident & Sickness Insurance	Plan 3P Accident & Sickness Insurance	Plan 3PI Accident & Sickness Insurance for International Trips	International Inbound Accident & Sickness Insurance for Girl Guides/Girl Scouts Visiting the USA
Surface Ambulance Service	Pays up to \$3,000	Pays up to \$3,000	Pays up to \$3,000	Pays up to \$3,000	Benefits for Surface Ambulance will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.	Up to \$50,000 for local surface ambulance service.
Air Ambulance Service	Pays up to \$5,000	Pays up to \$5,000	Pays up to \$5,000	Pays up to \$5,000	Benefits for Air ambulance will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.	Benefits for Air ambulance will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.
For Return Transportation Expense	NOT INCLUDED	NOT INCLUDED	Pays transportation expense incurred up to \$1,500	Pays transportation expense incurred up to \$1,500	Benefits for Return Transportation will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.	Benefits for Return Transportation will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.
Repatriation Expense	NOT INCLUDED	NOT INCLUDED	Pays up to \$1,500	Pays up to \$1,500	Benefits for Repatriation will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.	Benefits for Repatriation will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services. Services are limited to travel of 90 days or less. All services are subject to a limit of \$50,000 per person per event.

PLAN 1

Girl Scout Activity Accident Insurance Basic Coverage

This section of the Administrative Guide describes the basic coverage of accident medical expense, accidental death, dismemberment, loss of eyesight and paralysis insurance. Every registered member is covered for the duration of the individual girl's or adult's membership for as long as the Master Policy issued to Girl Scouts of the USA is in force.

When an accident occurs, the basic accident coverage is designed to provide financial assistance. Girl Scout Councils should be familiar with the specific kinds of expenses allowable, who is covered and who is not, and what the exceptions are.

EVERY REGISTERED MEMBER RECEIVES PROTECTION UNDER THIS PLAN.

This Plan provides basic accident protection for every registered Girl Scout Daisy, Brownie, Junior, Cadet, Senior or Ambassador and Adult Girl Scout Member. New Members are covered upon registration and payment of dues. The premium for Plan 1 is paid by Girl Scouts of the USA.

PLAN 2

Accident Insurance for Activities or Events Excluded Under the Basic Plan

Plan 2 has been designed for:

Members – During activities/events lasting more than two nights (three nights when one of the nights is an official federal holiday).

Nonmembers – It covers nonmembers as participants regardless of the length of the activity/event.

Plan 2 is easy to administer – covers Members and Nonmembers with the completion of a single Enrollment Form.

Plan 2 coverage is identical to Plan 1, but Plan 2 must be purchased through a Council.

NOTE: Insurance must be ordered for the entire period of the event and for **100% of the participants** . . . unless a participant is a Member for whom Plan 1 coverage would be in place. Example: A Girl Scout group and family member guests visits a Destinations event to see a play staged by the Destinations participants. Plan 1 coverage would be in place for Members, so coverage should be purchased for nonmembers only.

PLAN 3E and PLAN 3P

Accident and Sickness Insurance for Activities or Events Excluded Under Plan 1

Plans 3E and 3P are the most widely used of the Optional Plans due to their flexibility. While developed originally for resident camping, they are used for Destinations and trips because . . .

- they cover Members and Nonmembers as **participants**;
- they provide sickness coverage. The Nonduplication Provision **DOES** apply to Plan 3E, but **DOES NOT APPLY** to Plan 3P.
- they cover travel to and from the covered activity;
- they are easy to administer – covers both Members and Nonmembers with the completion of a single Enrollment Form.

For International trips or Destinations, International Travel Plan 3PI is recommended. Please refer to the next section which describes this Optional Plan.

NOTE: Insurance must be ordered for the entire period of the event and for **100% of the participants** . . . unless a participant is a Member and not partaking of the entire event, such as: A volunteer provides a one-hour craft demonstration as part of a resident camp program. Plan 1 coverage would be in place for the volunteer.

PLAN 3PI

Accident and Sickness Insurance For International Trips Excluded Under Plan 1

All Girl Scout activities are developed and designed with the safety of its members as a priority. AXA Assistance-USA and United of Omaha have teamed up to design and make available Plan 3PI to Girl Scout Councils chartered by GSUSA. It is a comprehensive travel insurance package combining accident and sickness insurance with emergency travel assistance service. The Nonduplication Provision **DOES NOT** apply.

Plan 3PI includes essentially the same coverage found in Plan 3P (for events lasting more than 2 nights and not covered under the Basic Plan 1), but with a Travel Assistance Service “safety net” feature added. Should a medical or other emergency occur while abroad or if there are concerns before making a trip abroad, the Council or group volunteer is a free telephone call away from mobilizing AXA Assistance resources to provide their “hands on” assistance as detailed in the Description of Coverage on the following pages.

International Inbound Accident and Sickness Insurance For International Trips to the United States

This Plan is made available to Councils who are hosting Girl Guides/Girl Scouts visiting the United States.. AXA Assistance-USA and Mutual of Omaha have teamed up to design and make available the International Inbound plan to Girl Scout Councils chartered by GSUSA. It is a comprehensive travel insurance package combining accident and sickness insurance with emergency travel assistance service.

This plan provides accident and sickness benefits from the time the Girl Guides/Girl Scouts leave their home and travel to the United States until the time they return to their home abroad. Should a medical or other emergency occur while in the United States or if there are concerns before making a trip, the Council or volunteer is a free telephone call away from mobilizing AXA Assistance resources to provide their “hands on” assistance as detailed in the Description of Coverage on the following pages.

Purchasing Optional Coverage

To purchase coverage for the Optional Insurance Plans (Plan 2, Plan 3E, Plan 3P, Plan 3PI and International Inbound) to provide valuable coverage for your registered scouts, groups, and/or potential scouts while participating in events/activities that are not covered under the Basic Accident Insurance please visit the Girl Scouts of the USA Activity Accident Insurance website at:

mutualofomaha.com/gsusa

NOTE: Changes to an event for which coverage has already been purchased (i.e. date change, number of participants, location change, etc.), send an e-mail with the details of the change to:

girlscouts@mutualofomaha.com

Features within the GSUSA Page at mutualofomaha.com/gsusa

The Girl Scouts of the USA Activity Accident Insurance page is a valuable tool and provides easy access to the following:

- Descriptions of coverage for all of the Insurance Plans;
- Online enrollment for Optional Insurance Plans (Plan 2, Plan 3E, Plan 3P, Plan 3PI and International Inbound);
- Claim forms;
- Materials and Supplies Order Form

The Descriptions of Coverage for each of the plans are there to provide you with the benefits available under each of the plans. These may also be used as proof of coverage along with a copy of the confirmation receipt from the on line enrollment.

Online enrollment for the Optional Insurance Plans (Plan 2, Plan 3E, Plan 3P, Plan 3PI and International Inbound) provides:

- Quick enrollment for coverage for Council approved activities and events.
- Elimination of unnecessary paperwork problems and possible delays in getting coverage confirmed by mail.
- Savings on postage expenses.
- Ability to make payment immediately, online.

You may view and print a claim form and get instructions on how to complete the claim form in the event a claim needs to be filed.

You may also print the Materials and Supplies Order Form to order additional materials and supplies.

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**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

**Girl Scout Activity Accident Insurance (Plan 1 – Basic)
DESCRIPTION OF COVERAGE**

ELIGIBILITY AND COVERAGE

Covers every registered member (girl or adult) of Girl Scouts of the USA for any approved, supervised Girl Scout activity except activities lasting more than two consecutive nights (a third night is covered only for any official federal holiday). Also covers travel directly to and from the covered activities.

EFFECTIVE DATE OF INDIVIDUAL COVERAGE

Registered members will become an insured under the policy on whichever date occurs later: (a) the Policy Date; or (b) the date they become a registered girl or adult member.

INDIVIDUAL TERMINATIONS

The insured's coverage will terminate on whichever of the following dates occurs first: (a) the date they are no longer a registered member; or (b) the date the policy terminates.

BENEFITS

Accident Medical Expense

When injuries result in treatment by a legally qualified physician beginning within 30 days after the date of a covered accident, the Company will pay for expense incurred (up to the usual, reasonable charges normally made within the geographic area where treatment is performed) for medically necessary: (a) treatment prescribed by a legally qualified physician; (b) services of a registered graduate nurse or licensed practical nurse (RN or LPN) who is not related to the registered Member by blood or marriage; (c) hospital care or service (hospital room and board charges, payable up to the hospital's average semiprivate room charge); (d) X-ray examination; (e) prescription drug; and (f) physical therapy.

Benefits for expense due to surgery, including but not limited to: (1) surgeon's fees; (2) anesthetist's fees; (3) anesthesia; (4) operating room charges; and (5) surgical dressing and supplies; are payable at 100 percent of the usual and reasonable charges.

Covers treatment received within the 52-week period immediately following the date of the accident, but not to exceed \$17,500 maximum, for each accident, per person.

The accident medical benefit will be increased to \$40,000 for covered medical expense incurred due the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) loss of hearing in both ears.

Dental Expense

This benefit pays for dental injuries up to a total of \$5,000 for medically necessary treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident, the Insured's attending dentist provides the Company with written certification that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, all dental benefits shall not exceed a total of \$5,000.

Ambulance Expense

Pays up to \$5,000 when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, air ambulance service is needed to facilitate treatment of injuries and no other ambulance service is available. Pays up to \$3,000 for surface ambulance transportation to a hospital. Dental and Ambulance expense benefits described above shall be paid as additional benefits and are not included with other medical expense benefits under the \$17,500 aggregate limit for each accident.

Non Duplication Provision

When \$135 in benefits has been paid for covered medical or dental expense, any subsequent benefits for the same accident will be payable only for: (a) expense incurred which is not compensable under any other insurance policy or service contract; or (b) expense incurred for charges not covered under a contract with a Health Maintenance Organization, Preferred Provider Organization or prepaid health care program, for service or treatment performed or supplies furnished.

Infectious Exposure Benefit

This benefit pays for any expenses incurred by an insured person for infectious exposure screening tests and/or post-exposure prophylactic medical treatment recommended by a local health authority, or other medical personnel, due to the exposure to animals or insects while participating in an approved and supervised Girl Scout activity. Infectious Exposure Benefits are subject to any benefit period, deductible and coinsurance amount that apply to covered medical expenses. The maximum amount payable is \$1,500.

Accidental Death, Dismemberment and Paralysis Benefits

When injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows:

Loss of Life	\$15,000
Loss of Both Hands, Both Feet or Both Eyes.....	\$20,000
Loss of One Hand and One Foot.....	\$20,000
Loss of One Hand and One Eye or One Foot and One Eye.....	\$20,000
Loss of One Hand, One Foot.....	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000

When injuries result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident date and continuing for one year, the Company will pay benefits as follows:

Hemiplegia.....	\$20,000
Paraplegia.....	\$20,000
Quadriplegia.....	\$20,000

Only one of the amounts (the largest applicable) named above will be paid for injuries resulting from one accident. This amount will be in addition to any other benefits for such accident.

Heart or Circulatory Malfunction Benefit

In the event a registered girl member, within 90 days from the date they participated in an approved and supervised Girl Scout activity, suffers Loss of Life due to a disease or illness of the heart or circulatory system a \$15,000 benefit is payable.

EXCEPTIONS

Benefits are not payable for: (a) injuries for which any benefits are payable under workers' compensation or employer's liability laws; (b) dental treatment, except for injuries to sound, natural teeth; (c) injuries received while in attendance at or participating in activities lasting more than two consecutive nights (three nights when one of the nights is a federal holiday), and travel to and from such activities; (d) the cost of eyeglasses or examinations therefore unless necessitated by impairment of sight caused by injury covered by the policy; (e) injuries caused by act of declared or undeclared war; (f) the professional services of any person employed or retained by the Holder or its Councils; (g) suicide or attempted suicide while sane or insane (in Missouri, while sane only); (h) injuries that are intentionally self-inflicted; (i) injuries to which a contributing cause was the commission of or attempt to commit a felony; (j) injuries received while under the influence of a narcotic (does not apply to narcotics given on the advice of a physician). Hospitals or institutions used principally for the treatment or care of drug addicts or alcoholics, or as a clinic, convalescent home, rest home, nursing home or home for the aged are not covered.

This Description of Coverage is not a contract or a Certificate of Insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the United States of America.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

**OPTIONAL PLAN 2
DESCRIPTION OF COVERAGE**

ELIGIBILITY AND COVERAGE

Covers all participants of a chartered Girl Scout Council activity for whom an enrollment form has been submitted and premium paid. Coverage is provided while: (a) attending or participating in any approved and supervised Girl Scout activity; or (b) traveling directly to and from any approved and supervised Girl Scout activity.

INDIVIDUAL DATES OF COVERAGE

Coverage will begin on the first day of the activity to be covered and will end on the termination date of the activity shown on the Enrollment Form from the participating Council as verified by the Company.

BENEFITS

Accident Medical Expense

When injuries result in treatment by a legally qualified physician beginning within 30 days after the date of a covered accident, the Company will pay for expense incurred (up to the usual, reasonable charges normally made within the geographic area where treatment is performed) for medically necessary: (a) treatment prescribed by a legally qualified physician; (b) services of a registered graduate nurse or licensed practical nurse (RN or LPN) who is not related to the registered Member by blood or marriage; (c) hospital care or service (hospital room and board charges, payable up to the hospital's average semiprivate room charge); (d) X-ray examination; (e) prescription drug; and (f) physical therapy.

Benefits for expense due to surgery, including but not limited to: (1) surgeon's fees; (2) anesthetist's fees; (3) anesthesia; (4) operating room charges; and (5) surgical dressing and supplies; are payable at 100 percent of the usual and reasonable charges.

Covers treatment received within the 52-week period immediately following the date of the accident, but not to exceed \$17,500 maximum, for each accident, per person.

The accident medical benefit will be increased to \$40,000 for medically necessary covered medical expense incurred due to the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) loss of hearing in both ears.

Dental Expense

This benefit pays for dental injuries up to a total of \$5,000 for treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident, the Insured's attending dentist provides the Company with written certification that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, all dental benefits shall not exceed a total of \$5,000.

Ambulance Expense

Pays up to \$5,000 when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, air ambulance service is needed to facilitate treatment of injuries and no other ambulance service is available. Pays up to \$3,000 for surface ambulance transportation to a hospital. Dental and Ambulance Expense Benefits described above shall be paid as additional benefits and are not included with other medical expense benefits under the \$17,500 aggregate limit for each accident.

Infectious Exposure Benefit

This benefit pays for any expenses incurred by an insured person for infectious exposure screening tests and/or post-exposure prophylactic medical treatment recommended by a local health authority, or other medical personnel, due to the exposure to animals or insects while participating in an approved and supervised Girl Scout activity. Infectious Exposure Benefits are subject to any benefit period, deductible and coinsurance amount that apply to covered medical expenses. The maximum amount payable is \$1,500.

Non Duplication Provision

When \$135 in benefits has been paid for covered medical or dental expense, any subsequent benefits for the same accident will be payable only for: (a) expense incurred which is not compensable under any other insurance policy or service contract; or (b) expense incurred for charges not covered under a contract with a Health Maintenance Organization, Preferred Provider Organization or prepaid health care program, for service or treatment performed or supplies furnished.

Accidental Death, Dismemberment and Paralysis Benefits

When injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows:

Loss of Life	\$15,000
Loss of Both Hands, Both Feet or Both Eyes.....	\$20,000
Loss of One Hand and One Foot	\$20,000
Loss of One Hand and One Eye or One Foot and One Eye.....	\$20,000
Loss of One Hand, One Foot or One Eye.....	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000

When injuries result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident date and continuing for one year, the Company will pay benefits as follows:

Hemiplegia	\$20,000
Paraplegia.....	\$20,000
Quadriplegia.....	\$20,000

Only one of the amounts (the largest applicable) named above will be paid for injuries resulting from one accident. This amount will be in addition to any other benefits for such accident.

Heart or Circulatory Malfunction Benefit

In the event a registered girl member, within 90 days from the date they participated in an approved and supervised Girl Scout activity, suffers Loss of Life due to a disease or illness of the heart or circulatory system a \$15,000 benefit is payable.

EXCEPTIONS

Benefits are not payable for: (a) injuries for which any benefits are payable under workers' compensation or employer's liability laws; (b) dental treatment, except for injuries to sound, natural teeth; (c) the cost of eyeglasses or examinations therefore unless necessitated by impairment of sight caused by injury covered by the policy; (d) injuries caused by act of declared or undeclared war; (e) the professional services of any person employed or retained by the Holder or its Councils; (f) suicide or attempted suicide while sane or insane (in Missouri, while sane only); (g) injuries that are intentionally self-inflicted; (h) injuries to which a contributing cause was the commission of or attempt to commit a felony; (i) injuries received while under the influence of a narcotic (does not apply to narcotics given on the advice of a physician); (j) loss for which benefits are payable under Company Policy Form SGS19 (Plan 1). Hospitals or institutions used principally for the treatment or care of drug addicts or alcoholics, or as a clinic, convalescent home, rest home, nursing home or home for the aged are not covered.

This Description of Coverage is not a contract or a Certificate of Insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the United States of America.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**
A MUTUAL of OMAHA COMPANY

OPTIONAL PLANS 3E & 3P DESCRIPTION OF COVERAGE

ELIGIBILITY AND COVERAGE

Covers all participants of a chartered Girl Scout Council activity for whom an enrollment form has been submitted and premium paid. Coverage is provided while: (a) attending or participating in any approved and supervised Girl Scout activity; or (b) traveling directly to and from any approved and supervised Girl Scout activity.

INDIVIDUAL DATES OF COVERAGE

Coverage will begin on the first day of the activity to be covered and will end on the termination date of the activity shown on the Enrollment Form from the participating Council as verified by the Company.

BENEFITS

Accident Medical Expense Up to \$17,500

Sickness Medical Expense Up to \$10,000

When injuries or sickness result in treatment by a legally qualified physician beginning within 30 days after the date of a covered accident, the Company will pay for expense incurred (up to the usual, reasonable charges normally made within the geographic area where treatment is performed) for medically necessary: (a) treatment prescribed by a legally qualified physician; (b) services of a registered graduate nurse or licensed practical nurse (RN or LPN) who is not related to the registered Member by blood or marriage; (c) hospital care or service (hospital room and board charges, payable up to the hospital's average semiprivate room charge); (d) X-ray examination; (e) prescription drug; and (f) physical therapy.

Benefits for expense due to surgery, including but not limited to: (1) surgeon's fees; (2) anesthesiologist's fees; (3) anesthesia; (4) operating room charges; and (5) surgical dressing and supplies; are payable at 100 percent of the usual and reasonable charges.

Covers treatment received within the 52-week period immediately following the date of the accident or the first medical treatment for sickness, but not to exceed \$17,500 maximum, for each accident or \$10,000 maximum, for each sickness, per person.

The accident medical benefit will be increased to \$40,000 for medically necessary covered medical expense incurred due to the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) loss of hearing in both ears.

Dental Expense

This benefit pays for dental injuries up to a total of \$5,000 for treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident, the Insured's attending dentist provides the Company with written certification that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, all dental benefits shall not exceed a total of \$5,000.

Ambulance Expense

Pays up to \$5,000 when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, air ambulance service is needed to facilitate treatment of injuries and no other ambulance service is available. Pays up to \$3,000 for surface ambulance transportation to a hospital.

Non Duplication Provision (Applicable to Plan 3E only)

When \$135 in benefits has been paid for covered medical or dental expense, any subsequent benefits for the same accident or sickness will be payable only for: (a) expense incurred which is not compensable under any other insurance policy or service contract; or (b) expense incurred for charges not covered under a contract with a Health Maintenance Organization, Preferred Provider Organization or prepaid health care program, for service or treatment performed or supplies furnished.

Return Transportation Benefits

If injuries or sickness, upon the recommendation of a legally qualified physician, requires an Insured to return to her or his home from a scheduled activity or event, the Company will pay the reasonable and necessary transportation expense incurred up to \$1,500 per injury. The Company will also pay the reasonable and necessary transportation expense of one person up to \$1,500 per injury, upon recommendation of a legally qualified physician, to accompany the Insured on such trip.

In the event the Insured is deceased, up to \$1,500 will be payable for a person who accompanies the body, but only if such person is a member of the Insured's immediate family.

Dental, Ambulance and Return Transportation Benefits described above shall be paid as additional benefits and are not included with other medical expense benefits under the \$17,500 aggregate limit for each accident, or the \$10,000 aggregate limit for each sickness.

Infectious Exposure Benefit

This benefit pays for any expenses incurred by an insured person for infectious exposure screening tests and/or post-exposure prophylactic medical treatment recommended by a local health authority, or other medical personnel, due to the exposure to animals or insects while participating in an approved and supervised Girl Scout activity. Infectious Exposure Benefits are subject to any benefit period, deductible and coinsurance amount that apply to covered medical expenses. The maximum amount payable is \$1,500.

Accidental Death, Dismemberment and Paralysis Benefits

When injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows:

Loss of Life	\$15,000
Loss of Both Hands, Both Feet or Both Eyes.....	\$20,000
Loss of One Hand and One Foot.....	\$20,000
Loss of One Hand and One Eye or One Foot and One Eye.....	\$20,000
Loss of One Hand, One Foot or One Eye.....	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000

When injuries result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident date and continuing for one year, the Company will pay benefits as follows:

Hemiplegia.....	\$20,000
Paraplegia.....	\$20,000
Quadriplegia.....	\$20,000

Only one of the amounts (the largest applicable) named above will be paid for injuries resulting from one accident. This amount will be in addition to any other benefits for such accident.

Heart or Circulatory Malfunction Benefit

In the event a registered girl member, within 90 days from the date they participated in an approved and supervised Girl Scout activity, suffers Loss of Life due to a disease or illness of the heart or circulatory system a \$15,000 benefit is payable.

EXCEPTIONS

Benefits are not payable for (a) injuries for which any benefits are payable under workers' compensation or employer's liability laws; (b) dental treatment, except for injuries to sound, natural teeth; (c) the cost of eyeglasses or examinations therefore unless necessitated by impairment of sight caused by injury covered by the policy; (d) injuries caused by act of declared or undeclared war; (e) the professional services of any person employed or retained by the Holder or its Councils; (f) suicide or attempted suicide while sane or insane (in Missouri, while sane only); (g) injuries that are intentionally self-inflicted; (h) injuries to which a contributing cause was the commission of or attempt to commit a felony; (i) injuries received while under the influence of a narcotic (does not apply to narcotics given on the advice of a physician); (j) loss for which benefits are payable under Company Policy Form SGS19 (Plan 1). Hospital or institutions used principally for the treatment or care of drug addicts or alcoholics, or as a clinic, convalescent home, rest home, nursing home or home for the aged are not covered.

This Description of Coverage is not a contract or a Certificate of Insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the United States of America.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

**INTERNATIONAL PLAN 3PI
DESCRIPTION OF COVERAGE**

ELIGIBILITY AND COVERAGE

Covers all participants of a chartered Girl Scout Council activity for whom an enrollment form has been submitted and premium paid. Coverage is provided while: (a) participating in any approved and supervised Girl Scout international trip, or (b) traveling directly to and from any approved and supervised Girl Scout international trip.

INDIVIDUAL DATES OF COVERAGE

Coverage will begin on the first day of the activity to be covered and will end on the termination date of the activity shown on the Enrollment Form from the participating Council as verified by the Company.

BENEFITS

Accident Medical Expense Up to \$17,500

Sickness Medical Expense Up to \$10,000

When injuries or sickness result in treatment by a legally qualified physician beginning within 30 days after the date of a covered accident, or first medical treatment for sickness, the Company will pay for expense incurred up to the usual, reasonable charges normally made within the geographic area where treatment is performed for medically necessary: (a) treatment prescribed by a legally qualified physician; (b) services of a registered graduate nurse or licensed practical nurse (RN or LPN) who is not related to the registered Member by blood or marriage; (c) hospital care or service (hospital room and board charges, payable up to the hospital's average semiprivate room charge); (d) X-ray examination; (e) prescription drug; and (f) physical therapy.

Benefits for expense due to surgery, including but not limited to: (1) surgeon's fees; (2) anesthetist's fees; (3) anesthesia; (4) operating room charges; and (5) surgical dressing and supplies; are payable at 100 percent of the usual and reasonable charges.

Covers treatment received within 52-week period immediately following the date of the accident or the first medical treatment or sickness, but not to exceed \$17,500 maximum for each accident or \$10,000 maximum for each sickness, per person.

The accident medical benefit will be increased to \$40,000 for covered medical expense incurred due to the following specified injuries: (a) total, uncorrectable loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) loss of hearing in both ears.

Dental Expense

This benefit pays for dental injuries up to a total of \$5,000 for treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident, the Insured's attending dentist provides the Company with written certification that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, all dental benefits shall not exceed a total of \$5,000.

Dental benefits described above shall be paid as additional benefits and are not included with other medical expense benefits under the \$17,500 aggregate limit for each accident.

Surface Ambulance Expense

Benefits for Surface Ambulance Service, for surface transportation to a hospital are payable at 100%, up to \$3,000 under the coverage provided by United of Omaha. In the event of a medical evacuation or repatriation, surface transportation benefits are available through AXA Assistance-USA in conjunction with their Travel Assistance Services.

Air Ambulance and Return Transportation Expense

Benefits for Air Ambulance Expense and Return Transportation Expense will be coordinated and paid for by AXA Assistance USA in conjunction with their Travel Assistance Services

Infectious Exposure Benefit

This benefit pays for any expenses incurred by an insured person for infectious exposure screening tests and/or post-exposure prophylactic medical treatment recommended by a local health authority, or other medical personnel, due to the exposure to animals or insects while participating in an approved and supervised Girl Scout activity. Infectious Exposure Benefits are subject to any benefit period, deductible and coinsurance amount that apply to covered medical expenses. The maximum amount payable is \$1,500.

Accidental Death, Dismemberment and Paralysis Benefits

When injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows:

Loss of Life	\$15,000
Loss of Both Hands, Both Feet or Both Eyes.....	\$20,000
Loss of One Hand and One Foot.....	\$20,000
Loss of One Hand and One Eye or One Foot and One Eye.....	\$20,000
Loss of One Hand, One Foot or One Eye.....	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000

When injuries result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident date and continuing for one year, the Company will pay benefits as follows:

Hemiplegia.....	\$20,000
Paraplegia.....	\$20,000
Quadriplegia.....	\$20,000

Only one of the amounts (the largest applicable) named above will be paid for injuries resulting from one accident. This amount will be in addition to any other benefits for such accident.

Heart or Circulatory Malfunction Benefit

In the event a registered girl member, within 90 days from the date they participated in an approved and supervised Girl Scout activity, suffers Loss of Life due to a disease or illness of the heart or circulatory system a \$15,000 benefit is payable.

EXCEPTIONS

Benefits are not payable for: injuries for which any benefits are payable under workers' compensation or employer's liability laws; dental treatment, except for injuries to sound, natural teeth; the cost of eyeglasses or examinations therefore unless necessitated by impairment of sight caused by injury covered by this policy; injuries caused by an act of declared or undeclared war; the professional services of any person employed or retained by the Holder or its Councils; suicide or attempted suicide while sane or insane (in Missouri while sane only); injuries that are intentionally self-inflicted; injuries to which a contributing cause was the commission of or attempt to commit a felony; injuries received while under the influence of a narcotic (does not apply to narcotics given on the advice of a physician); loss for which benefits are payable under United of Omaha Policy Form SGS19 (Plan 1). Hospital or institutions used principally for the treatment or care of drug addicts or alcoholics, or as a clinic, convalescent home, rest home, nursing home or home for the aged are not covered.

This Description of Coverage is not a contract or a Certificate of Insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the United States of America.



Mutual of Omaha

INTERNATIONAL INBOUND DESCRIPTION OF COVERAGE

ELIGIBILITY AND COVERAGE

All Inbound International Girl Guides/Girl Scouts visiting the United States are eligible. **NOTE:** Insurance must be ordered for the entire period the Girl Guide/Girl Scout is visiting the USA. With this plan, it will not be necessary to cover the same visitor(s) with any of the Optional Plans.

INDIVIDUAL DATES OF COVERAGE

Coverage will begin on the first day of the activity to be covered and will end on the termination date of the activity shown on the Enrollment Form from the participating Council as verified by the Company.

BENEFITS

Accident and Sickness Medical Expense up to \$50,000

When injuries or sickness result in treatment by a legally qualified physician beginning within 30 days after the date of a covered accident, or first medical treatment for sickness, the Company will pay for expense incurred up to the usual and customary charges normally made within the geographic area where treatment is performed for medically necessary: (a) treatment by a legally qualified physician or surgeon; (b) hospital care or service; (c) services of a registered graduate nurse (RN or LPN) not related to you by blood or marriage; (d) professional local ambulance service; (e) orthopedic appliances; (f) prescription drugs. Benefits are payable for as long as 52 weeks after the date of the accident or the first medical treatment for sickness, but not to exceed \$50,000, in the aggregate, for any one accident or any one sickness.

Surface Ambulance Expense

Benefits for Surface Ambulance Service, for local surface transportation to a hospital are payable at 100%, up to \$50,000 under the coverage provided by Mutual of Omaha. In the event of a medical evacuation or repatriation, surface transportation benefits are available through AXA Assistance-USA in conjunction with their Travel Assistance Services.

Accidental Death, Dismemberment and Paralysis Benefits

When injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows:

Loss of Life	\$10,000
Loss of Both Hands, Both Feet or Both Eyes.....	\$10,000
Loss of One Hand and One Foot.....	\$10,000
Loss of One Hand and One Eye or One Foot and One Eye.....	\$10,000
Loss of One Hand, One Foot.....	\$5,000
Loss of Thumb and Index Finger of the Same Hand	\$2,500

Only one of the amounts (the largest applicable) named above will be paid for injuries resulting from one accident. This amount will be in addition to any other benefits for such accident.

Medical Evacuation and Return Transportation Expense

Benefits for Medical Evacuation (which includes air ambulance) and Return Transportation Expense will be provided by and the sole responsibility of AXA Assistance-U.S.A. AXA Assistance-U.S.A. is not affiliated in any way with Mutual of Omaha Insurance Company.

Benefits are not payable for:

(a) injuries resulting from air travel, unless received while passenger for transportation only; (b) the cost of eyeglasses, contact lenses or examinations for either; (c) dental treatment, except for injuries to sound, natural teeth; (d) injuries for which any benefits are payable under workers' compensation or employer's liability laws; (e) injuries caused by an act of declared or undeclared war; (f) suicide or attempted suicide, sane or insane.

This Description of Coverage is not a contract or a Certificate of Insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the United States of America.

Coverage is Underwritten by: Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175

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INTERNATIONAL TRAVEL ASSISTANCE SERVICES

(Comprehensive Worldwide Services 24 Hours a Day)

DESCRIPTION OF COVERAGE

AXA Assistance services can be secured in an emergency 24 hours a day, around the world, by making a toll free or collect telephone call to the AXA Service Center. AXA is strategically located around the world to intercede locally whenever needed in an emergency situation. Physicians and nurses experienced in emergency care and transport are available 24 hours a day to interact immediately when notified of an emergency situation, thus ensuring continuous contact between all interested parties including the treating physician(s), facilities, home physician(s), family members, and Girl Scout Councils chartered by GSUSA.

Call AXA for any of the services below:

Pre-Trip Services/Travel Assistance Services

- Health Hazards Advisory
- Health Care Facility Identification
- Weather Information
- Consulate and Embassy Locations
- Passport and Visa Information

- Emergency Cash Assistance
- Hotel/Motel Reservations and Information
- Lost/Delayed Luggage Tracing

Technical Assistance Services

- Credit Card, Passport, Ticket and Documentation Replacement
- Interpreter/Translator Services
- Lawyer Referrals
- Assistance in Posting Bonds/Bail
- Vehicle Repatriation

Medical Assistance Services

- Locating Medical Care
- Medical Insurance Assistance
- Case Communications
- Medically Necessary Repatriation
- Emergency Medical Evacuation
- Transportation for Family Member/Friend
- Hotel Convalescence Arrangements
- Prescription Drug Assistance

Medical Evacuation (which includes but is not limited to Return Transportation and Air Ambulance Services) and Repatriation services are payable up to a combined single limit of \$50,000. All services are subject to the terms and conditions of a service agreement with AXA Assistance-USA. Services must be provided by AXA Assistance-USA. No claims for reimbursement will be accepted.

Important Note

The Plan will coordinate and pay for covered expenses incurred if an accidental bodily injury or sickness commencing while the Insured is covered under this Plan results in the necessary emergency evacuation if adequate medical facilities are not available locally. The emergency evacuation must be arranged and approved by the Medical Director of AXA Assistance-USA. Medical considerations such as the Insured's condition and ability to travel will determine the method and time of evacuation. The plan will coordinate and pay the reasonable expenses incurred to return the Insured's body to the United States if death occurs while covered by the Plan. Covered expenses include, but are not limited to expenses for embalming, cremation, minimally necessary casket for transport and transportation.

For Travel Assistance inquiries outside the U.S. call AXA **direct or collect** at **1-312-935-3658**. For inquiries within the U.S. call AXA **toll free** at **1-800-856-9947**. Please have the following information ready when you call AXA Assistance:

- Your Travel Assist ID number: **9900MOO4GS**
- Your name, telephone number, nearby fax number (if possible), Council name and number.
 - Patient's name, your relationship to the patient, patient's age, and patient's Girl Scout Council (if different than above).
- A description of the patient's condition.
- Name, location and telephone number of hospital, if applicable.
- Where can the doctor be reached now?
- 24-hour emergency contact name and telephone number for each participant.

These Travel Assistance benefits are subject to the terms and conditions of the Service Agreement issued. The travel assistance services described above are provided by and the sole responsibility of AXA Assistance-USA, which is not affiliated in any way with the Mutual of Omaha Companies.

This Description of Coverage summarizes the provisions of the policy and/or assistance service agreement issued to the Girl Scouts of the United States of America. Should there be any discrepancy between the policy and/or assistance service agreement and this Description of Coverage, policy or assistance service agreement provisions will prevail.

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How To File a Claim

The Claim Form (M18979) is prepared by the Girl Scout volunteer or another authorized person, usually one who was at the scene of the accident and familiar with the circumstances.

Volunteer's or Other Activity Representative's Procedures

When a Girl Scout, Adult Member or participant is injured during a supervised Girl Scout activity, the volunteer should follow these directions to claim benefits.

1. Have Parent/Guardian of injured participant or injured adult participant complete and sign appropriate sections of claim form.
2. Volunteer or Activity Representative must complete and sign the front of the Claim Form as soon as reasonably possible. Be sure to provide all the information required to expedite processing and to avoid delay.
3. Submit an itemized billing complete with diagnosis, date(s) and procedure code(s).
4. Keep a copy of all for your records.
5. Send the original to the Council for validation along with any available bills for covered expenses which have been incurred.

Claims will not be processed without Council signature.

Council Procedures

1. The Council receives the completed Claim Form and reviews for: membership status or purchase of optional insurance, eligibility, presence of a bill and that the activity information provided is sufficient to confirm the claim is for a Girl Scout related accident (or illness).
2. The Activity Information section shown on the Claim Form must be completed. When marking this section, exercise good judgment (i.e., while at camp a girl falls over a log while walking across the beach. The Aquatic section should **not** be marked, as she was not in or on the water. The appropriate section is Slips/Falls and Other (carpet, log, stairs, etc.).
3. The Council Official's signature is required.
4. Councils should not sign blank forms and release to the volunteer. **Remember, United of Omaha relies on the Council to verify that the claim is for a Girl Scout related accident (or illness).**
5. Mark all appropriate levels (e.g., a Girl Scout Senior is serving as a Day Camp Aide or Resident Camp Counselor, check 4. Senior and 9. Seasonal Staff).
6. Send the original copy (with any bills) to:
United of Omaha Life Insurance Company
Special Risk Services
P.O. Box 31156
Omaha, NE 68131
7. Retain a copy for Council records.

Questions on insurance claims should be referred to the P.O. Box number shown in No. 6, or call 1-800-524-2324.

Only the Insurance Company can interpret the coverage as it applies to a specific claim. United of Omaha cannot answer Girl Scout program questions.

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**GIRL SCOUTS OF THE U.S.A.
CLAIM FORM**



Mail any additional bills
(properly identified by
injured person and
Council name) to:



Special Risk Services
United of Omaha Life Insurance Company
P.O. Box 31156
Omaha, Nebraska 68131
1-800-524-2324



CLAIMANT INFORMATION — ALL QUESTIONS MUST BE ANSWERED

Claim is made under the following Plan:

- Plan 1 – Basic Coverage
- Plan 2 – Participant Accident
- Plan 3E – Extended Event
- Plan 3P – Extended Event
- Plan 3PI – International Extended Event
- International Inbound

Enrollment Request ID: _____
(Applicable to Optional Coverages only)

Name of claimant	Identification Number	Age	Date of Birth
Claimant's address	Number and Street	City	State ZIP Code
If claimant is a minor, name of parent or guardian		Phone Number () -	
Address of parent or guardian	Number and Street	City	State ZIP Code

If your organization has selected coverage containing a Nonduplication amount, the benefits will be considered as follows: The Nonduplication amount, as stated in your selected coverage, of medically necessary services and supplies can be paid regardless of other insurance coverage. For expenses over the Nonduplication amount, or if you expect the total to exceed the Nonduplication amount, you must submit to your primary insurance carrier. We require their Explanation of payment even if it is applied to your deductible. If Denied, send a copy of your denial notice. Include itemized bills.

Father, Guardian or Claimant's (if adult) Employer's Name and Address: _____
 _____ Phone No. () - _____

Mother, Guardian or Spouse's Employer's Name and Address: _____
 _____ Phone No. () - _____

Name of all companies providing your insurance coverage or prepaid health plans.

Name of Company	Address	Policy or Certificate No.

If you do not have other coverage, sign and date the following statement.

I, _____, on _____, verify there is no other insurance coverage available for these and all expenses related to this claim.

I hereby certify that all above information is true and complete.

I verify that I have read and understand the fraud statement for my state that accompanied this form.

Signature (Parent/Guardian) _____ Date

GIRL SCOUT LEADER STATEMENT

Troop Number _____ Level: 0 Daisy 3 Cadette 6 Nonmember Child 9 Seasonal Staff
 1 Brownie 4 Senior 7 Nonmember Adult 51 Ambassador
 2 Junior 5 Adult Member 8 Staff

Name of Council	Council No.	Phone Number () -
Council's address	Number and Street	City State ZIP Code

Date and place of accident or sickness	Date and location	Nature and details of injury or sickness
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FRAUD STATEMENTS

IMPORTANT NOTICE

Your coverage is secondary to any health insurance you have. Submit your claim to your primary health insurance company first. When you receive an Explanation of Benefits Statement, send it along to us with our itemized bill and this completed form.

Payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.

- ** Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- ** Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- ** Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- ** Arkansas:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ** Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ** Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement containing any false, incomplete or misleading information is guilty of a felony.
- ** District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.
- ** Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ** Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
- ** Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- ** Kansas:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties as determined by a court of law.
- ** Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ** Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- ** **Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
- ** **Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- ** **New Hampshire:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- ** **New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- ** **New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ** **New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.
- ** **Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ** **Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ** **Oregon:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.
- ** **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ** **Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Aggravating or attenuating circumstances may result in the prison term being increased to five (5) years or reduced to two (2) years.
- ** **Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ** **Vermont:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.
- ** **West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ** **If you live in a state other than mentioned above, the following statement applies to you:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.

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Questions and Answers

These Questions and Answers will serve to interpret the insurance for Councils. The questions have been broken down by General Questions, Plan Differences, Covered Activities and AXA Travel Assistance Services. The added notations for the Council which follow the asterisk (*) contain the rationale for the answers.

GENERAL QUESTIONS:

1. What is meant by an approved, supervised Girl Scout activity?

A. *It is an activity carried out by registered Members of the Movement, under supervision of adults, in keeping with the **Girl Scout Program Standards and Safety Activity Checkpoints**.*

2. What is the minimum premium per event?

A. *There is no minimum premium per event. The \$5.00 minimum applies to each online submission of an Enrollment Form. More than one event may be listed on an Enrollment Form.*

3. What is the purpose of the Basic Plan?

A. *To assure that every registered Girl Scout is automatically covered by accident insurance during normal supervised program activities, except those events which last more than two consecutive nights (three nights when one of the nights is a federal holiday, such as Memorial Day or Labor Day). Coverage is automatic for all girls upon registration in the Movement and payment of dues.*

4. What are federal holidays recognized by the Basic Plan?

A. *The Basic Plan currently recognizes the following federal holidays.*

New Year's Day (January 1)

Martin Luther King Day (3rd Monday in January)

Presidents Day (3rd Monday in February)

Memorial Day (last Monday in May)

Independence Day (July 4)

Labor Day (1st Monday in September)

Columbus Day (2nd Monday in October)

Veterans Day (November 11)

Thanksgiving Day (4th Thursday in November)

Christmas Day (December 25)

5. Is a new Member automatically covered under the Basic Plan when she joins Girl Scouts?

A. *For a new registrant who has met the requirements for membership, including payment of membership dues, insurance coverage becomes effective the date the volunteer receives the dues and appropriate registration paperwork. New members and late re-registrants joining the group after the group's registration has been sent will be covered effective the date the volunteer receives their registration and membership dues.*

6. Are nonregistered mothers, consultants or other persons assisting the volunteer covered under the Basic Plan?

A. *No. Only registered Girl Scouts and registered Adult Members are covered.*

**It is expected that nonmember parents and others will be involved from time to time in Girl Scout activities just as they usually do in PTAs, community services, school events, etc., in providing transportation, chaperoning, decorating, visiting or just lending a hand. These activities are done without expectation of reimbursement for medical expenses in case of accidental injury.*

NOTE: Nonmembers who get more than sporadically involved should perhaps become Members.

7. Are "Tagalongs" (brothers, sisters, friends) covered under the Basic Plan?

A. *No. If the "Tagalong" is a registered Member of a different group, but is not of the proper age for the activity and is not participating as a service project, there is still no coverage. For example, a registered Girl Scout Daisy tagging along with the parent who is leading a Girl Scout Cadette group has no coverage for the event. Conversely, a Girl Scout Cadette assisting at a Girl Scout Daisy meeting does have coverage.*

8. Are covered medical expenses under the Basic Plan payable regardless of the existence of other health insurance policies?

- A. *The Basic Activity Accident Plan is not intended to diminish the need for or replace family health insurance; however, the Plan does pay for the first \$135 in benefits. When \$135 in benefits has been paid, any subsequent benefits for the same accident will be payable only for covered medical expenses that exceed the limit of benefits available under other forms of insurance or health care programs . . . up to the maximum of \$17,500. (This provision applies only to the medical expense benefits. The benefits for accidental loss of life, limb or eyesight are payable regardless of other insurance.)*

9. Is it possible to purchase insurance for groups of unregistered participants (including family members) in approved, supervised Girl Scout activities?

- A. *Yes, optional coverage is available for such approved Girl Scout activities as nursery units at day camp, a special community group invited to join a Council-sponsored event, boys who are active participants in a co-ed activity.*

**Optional Plans are available at Council's discretion and at additional costs.*

10. When and how can sickness insurance be provided?

- A. *Sickness insurance is provided along with accident insurance under Plan 3, but it is not available for events lasting less than three nights.*

11. If a staff Member has an ACCIDENT which occurs in the course of her duties at an event, would Accident and Sickness Insurance cover the medical bills incurred?

- A. *Generally no, accidents which occur in the course of employment must be reported under workers' compensation. Workers' compensation provides not only medical benefits, but indemnity for time lost from work, if any. Check your state law. In some states, honorariums to volunteers, room and board, etc., will turn a volunteer into an employee for workers' compensation purposes.*

12. If a staff Member becomes SICK, i.e., earache, virus, while at an event, would Accident and Sickness Insurance cover the medical bills incurred?

- A. *Yes. If the SICKNESS is contracted and treatment begins while the coverage for the participant is in force, non-occupational illness is covered by the SICKNESS portion of Accident and Sickness Insurance. Coverage for the event has to have been purchased under one of the Optional Plan 3's and the event must be for more than three nights.*

13. Are preexisting health conditions covered by Accident and Sickness Insurance?

- A. *No, only sickness which is contracted and for which treatment begins while the coverage for the participant is in force is covered. Many HMOs, PPOs and other medical plans require prompt notice; don't delay notifying the family's insurance carrier if a preexisting condition is or might be involved.*

14. How can reimbursement be made when payment for treatment was provided, via a credit card, at the time of services rendered?

- A. *Reimbursement for eligible expenses under all Plans can be made by submitting a completed Claim Form (M18979), the providers diagnosis and a copy of the bill (charge slip) showing charges incurred for treatment.*

15. The doctor treating the participants has prepared one bill for all the girls treated. Is it necessary to complete a separate Claim Form for each girl receiving treatment?

- A. *Yes. Even though payment will be made to one doctor or hospital, a Claim Form must be fully completed for **each person**.*

16. A participant decides, while returning from an event, to visit a relative or friend who lives nearby and becomes injured in a bus accident on the way to or while leaving the relative or friend's home. Would the participant's medical bills be covered?

- A. *No. Coverage only applies to accidents which occur while traveling directly to and from the covered activity. Side trips or visits are not covered.*

17. When counting the number of days of an activity/event on the application form, do you include the beginning day and ending day of the event?

- A. *Yes. Since coverage for travel directly to and from an activity/event is covered, all days, including days traveled, should be included. For example, a group leaves home Friday afternoon and returns home Tuesday morning. Coverage must be arranged for five calendar days.*

18. Who are benefits paid to?

- A. *Unless a specific beneficiary designation has been made for this insurance and is on file with the Company, the benefit for loss of life and other unpaid accrued benefits will be paid in accordance with the following surviving preference beneficiaries: (a) the Insured's spouse; (b) the Insured's child or children, jointly; (c) the Insured's parents, jointly, or to the surviving parent; (d) the Insured's brothers and sisters, jointly; or (e) the Insured's estate.*

19. For a coverage or claim questions how do we contact United of Omaha?

- A. *United of Omaha's toll-free number is: 1-800-524-2324*

20. How are benefits claimed?

- A. *To claim benefits, fill out a Claim Form (M18979). See Section 6, How to File a Claim.*

NOTE: THE COUNCIL WILL NEED TO REVIEW ALL CLAIM FORMS AND REPORT SERIOUS ACCIDENTS TO ITS LIABILITY INSURANCE CARRIER. LIABILITY POLICIES OFTEN PROVIDE MEDICAL PAYMENTS. THESE MAY BE IN ADDITION TO PLAN BENEFITS OR IN LIEU OF. CHECK WITH YOUR AGENT/BROKER.

PLAN DIFFERENCES:

21. What is the basic difference in the coverage provided by Plan 2 and Plan 3?

- A. *Plan 2 covers accidents only. Plan 3 covers both accidents and sickness.*

**Plan 2 could be considered by Councils for activities/events of a short duration and/or based on the proximity of the activity to the participants' homes.*

22. What is the difference in coverage between Plan 3E and Plan 3P?

- A. *Accident Medical Expense and Dental Expense Benefits payable under Plan 3E are subject to the Nonduplication Provision. Plan 3P benefits are not subject to the Nonduplication Provision.*

23. What should be considered when deciding if Plan 3E or Plan 3P should be purchased?

- A. *Plan 3E (coordinates with any family health plan):*
- *Less expensive . . . more affordable for the Council;*
 - *Encourages cooperation with managed care programs to contain costs for Girl Scouts and the Insured;*
 - *If the Insured has no health plan, pays up to 100% of Usual and Customary Charges for covered expense subject to the policy maximums.*

Plan 3P (Primary coverage): Where payment of bills by cash or credit by volunteer is expected, family plan unable to respond quickly, and the ability to reimburse the volunteer quickly is desired [i.e., family's HMO or PPO network for sickness (chicken pox, virus, flu) would be impossible, inconvenient, involve significant transportation expense and/or require the participant to leave the event before its end solely for the purpose of accessing the family's medical provider].

24. Is Plan 3E or Plan 3P recommended when traveling with Girl Scout groups outside the USA?

A. *No. Plan 3PI (as described in more detail in this guide) is the recommended Plan of Coverage for International events.*

25. How does Plan 3PI differ from Plan 3P?

A. *Plan 3PI provides accident and sickness insurance along with travel assistance services for trips or events which take place outside the USA. Plan 3P provides accident and sickness insurance as described in the Guide in section 3, for trips or events which take place in or out of the USA. However, keep in mind that Travel Assistance Services are not included under Plan 3P. Please note the return transportation and air ambulance expense benefits are provided by the AXA Assistance-USA Travel Assistance Coverage, and are higher than those under Plan 3P.*

COVERED ACTIVITIES:

26. Are fundraising drives, money-earning events and program activities, such as cookie sales, covered?

A. *Yes, they are covered under the Basic Plan, if they are approved and supervised.*

27. If an event begins Friday after school and ends Sunday afternoon, does this meet the definition of a two-night event?

A. *Yes, and it is covered under the Basic Plan.*

28. Is traveling to and from a group meeting or activity covered?

A. *Yes, it is covered under the Basic Plan. The insurance includes travel to and from group meetings or activities, provided it is direct. The insurance does not cover accidents which occur during or after deviation from the direct route to or from the meeting place. For example, a parent picks up a Member(s) from a meeting, then proceeds to the shopping mall before returning home.*

29. If an event lasts more than two overnights, will the entire event or the first two nights be covered under the Basic Plan?

A. *No. The entire event is excluded from the Basic Plan, including travel to and from. An Optional Plan of activity insurance would need to be arranged through your Council to cover the entire period of the event. Contact your Council, describe the event, indicate inclusive dates, and number of girls and adults participating.*

**The Council will need to arrange for one of the Optional Insurance Plans in order to cover the event(s) excluded under the Basic Plan.*

30. Are activities engaged in independently, that is, on their own, by one or more Members of the group covered under the Basic Plan?

A. *No. Personal activities engaged in by girls, individually or in groups, on their own are not included within the meaning of "approved, supervised Girl Scout activity."*

**The Basic Plan of Activity Accident Insurance does not cover situations such as: (a) several girls who, apart from the group of which they are Members, are also personal friends or classmates and as such go swimming, camping, traveling to a recreation center or elsewhere; (b) a mother who is a volunteer who takes her daughter and her daughter's friends, also Girl Scouts, on an outing; (c) two or three girls of one group who, in the home of one, work on a project toward a badge without adult supervision; (d) some or all of the girls on the way home after a group meeting go to the movie or stop in at the mall.*

31. If a Member is injured while individually practicing skills for a badge or learning a sport, such as individual roller skating or horseback riding, is she covered under the Basic Plan?

A. *No. These are individual activities conducted outside of the Girl Scout group setting and not under the direct supervision of Girl Scout group leadership.*

32. Is coverage provided under the Basic Plan if Members of our group travel outside the United States on a Girl Scout project or activity?

A. *Yes, as long as the trip lasts less than two consecutive nights (three if one is an official federal holiday). A trip outside the U.S.A. would usually involve more than two consecutive nights, therefore, Optional Accident and Sickness Insurance is needed. Plan 3PI is recommended for International Travel, although 3E and 3P are available.*

33. Does the Basic Plan cover the delivery of Girl Scouting programs outside of the traditional Girl Scout group?

A. *Yes. An example of such a program would be a Special Interest Group, which meets the criteria established for the activity to be considered Girl Scouting.*

34. Would coverage be provided under the Basic Plan for medical expenses of a Member who became ill during an approved activity?

A. *No. Sickness is not covered; only medical expense arising out of an accident during an approved, supervised activity is covered. However, illness caused by an accident, such as a poisonous snake or insect bite, would be covered.*

35. A participant falls while hiking along a trail during a Girl Scout approved event and hits her face on a rock breaking off two front teeth. Is the repair of the damaged teeth covered by this insurance?

A. *Yes. Treatment received from a legally qualified dentist or surgeon for injuries to sound, natural teeth as a result of an ACCIDENT are covered. Coverage is only for such treatment received within the 52-week period immediately following the date of the accident unless, within that period, the dentist certifies that such dental treatment must be deferred. The estimated cost of the deferred treatment would be covered, but not to exceed the \$5,000 maximum deferred dental benefit for each accident.*

36. If a Member loses a filling or breaks a false tooth, a bridge or a brace, would the dental work be covered by Accident and Sickness Insurance?

A. *No. Only dental treatment to sound, natural teeth damaged as a result of an accident is covered by the policy.*

37. Suppose a group of campers, upon leaving camp and returning home, become ill as the result of food poisoning contracted while attending the event, would this be covered by Accident and Sickness Insurance?

A. *Yes, if it can be shown that the group became ill due to food poisoning contracted during participation in the activity/event covered by Accident and Sickness Insurance.*

38. Must Plan 2 be purchased for Members and nonmembers participating in Day Camp or similar-type events?

A. *No. When Plan 1 covers Members, Plan 2 need only be purchased for nonmembers.*

39. Is there a need to provide coverage for Members under Plan 2?

A. *Yes, for events lasting too long to be covered under Plan 1.*

40. What are typical events for which Plan 2 is used?

A. *Recruitment events, Supplemental Supervised Units, family events, programs held in conjunction with other organizations where Girl Scouts is the primary sponsor, and school environmental education programs managed by Girl Scouts and using Girl Scout programs are just a few of the events which can be covered under Plan 2.*

41. We are planning to offer Girl Scout programs weekly at a shelter. There will be nonmember participants; how do we cover them?

A. *Submit a Plan 2 Enrollment Form with the dates of the scheduled activity listed. Use a reasonable estimate to determine the number of nonmember participants.*

42. Suppose an outside group (nonmembers) uses Council property for an activity which is under the supervision of the Girl Scout Council, is it possible to arrange insurance under any of the Optional Plans of insurance?

A. *Yes. The Optional Plan coverage and rates were developed on the basis of Girl Scout managed experience only. The Insurance Company relies on Girl Scout supervision and approval for all events and especially the adherence to health and safety standards.*

43. What are examples of events that could last more than two nights and could be covered by Plan 3E or Plan 3P?

A. *Resident Camping, Destinations and all sorts of trips and travel, including bike, canoe, etc. Depending on program management, Environmental Education Programs (for schools and other groups) and other special events may be covered.*

44. When may Plan 3E or Plan 3P be used for family camping?

A. *If the program is planned and managed by Girl Scout staff (paid or volunteer) in accordance with Girl Scout Program Standards and has the approval of the Council, Plan 3E or Plan 3P may be used. Family camping which encompasses structured Girl Scout programming – not just allowing families to camp on Girl Scout property – may be covered.*

NOTE: Providing food and shelter only is not sufficient to allow for Plan 3E or Plan 3P coverage.

AXA Travel Assistance Service:

45. What are the additional AXA Travel Assistance Service benefits provided under Plan 3PI?

A. *Pre-Trip Services, Travel Assistance Services, Technical Assistance Services and Medical Assistance Services. Medical Evacuation (which includes but is not limited to Return Transportation and Air Ambulance Services) and Repatriation services are payable up to a combined single limit of \$50,000. All services are subject to the terms and conditions of a service agreement with AXA Assistance-USA. Services must be provided by AXA Assistance-USA. No claims for reimbursement will be accepted.*

46. Does a claim form have to be completed and sent to the travel assistance service company after using any of their services?

A. *No. Claim forms are not required or submitted to AXA Assistance-USA.*

47. For a coverage or claim question how do we contact AXA Assistance-USA?

A. *AXA Assistance-USA can be reached at either of the following numbers:
When traveling within the U.S. call Toll Free: 1-800-856-9947
When traveling outside the U.S call Collect or Direct: 1-312-935-3658*

Definitions

“Company” means United of Omaha Life Insurance Company.

“Heart or Circulatory Malfunction” means disease or illness of the heart or circulatory system which: (a) is first diagnosed and treated while the registered girl member’s coverage is in force; (b) occurred at an approved and supervised Girl Scout activity within 24 hours after participation; and (c) the registered girl member has not been medically advised of or received any medical treatment for such heart or circulatory malfunction prior to such group activity.

“Hemiplegia” means complete loss of function of one side of the body with involvement of the arm and leg.

“Hospital” means a place licensed as a hospital (if licensing is required by law), and which has a graduate nurse always on duty, and a laboratory and an operating room (both on the premises) where major surgical operations are performed by persons legally qualified to do so. In no event, however, will the term “hospital” mean a hospital or an institution or part of such hospital or institution which is licensed as or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, or treatment center for drug addicts or alcoholics.

“Injuries” means accidental bodily injuries received by you while this policy is in force which result independently of sickness and all other causes in: (a) loss of life, limb or sight, paraplegia, hemiplegia or quadriplegia; and/or (b) expense incurred for hospital and professional services specified in this policy.

“Irreversible Coma” means: (a) state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending Legally Qualified Physician.

“Legally Qualified Physician” means a physician, other than the Insured, who is practicing within the scope of his or her license and is recognized as a physician in the state where the services are rendered.

“Loss of Hand or Hands or Foot or Feet” means severance at or above the wrist joint or ankle joint, respectively.

“Loss of Arm or Arms or Leg or Legs” means severance at or above the elbow joint or knee joint, respectively.

“Loss of Eye or Eyes” means the total, uncorrectable and irrecoverable loss of the entire sight thereof.

“Loss of Thumb and Index Finger” means severance of at least one entire phalanx from each digit of the same hand.

A **“Medically Necessary”** service or supply means one which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured’s condition or the quality of medical care.

“Nonduplication Amount” is the amount that will be paid under the Medical Expense for an accident or sickness, then any subsequent benefits for the same accident or sickness will be paid only for expenses incurred which is not compensable under any other insurance policy or service contract; or expense incurred for charges not covered under a contract with a health maintenance organization, preferred provider organization or prepaid health care program, for service or treatment performed or supplies furnished.

“Paraplegia” means complete loss of function of the lower extremities of the body with involvement of both legs.

“Quadriplegia” means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

Terms

Some of the terms used in this Guide are defined in the applicable contracts, insurance law and usage, and case law. The following is designed merely to assist users of the Guide as they administer the applications and claims.

Environmental Educational Camping – This includes use of Girl Scout facilities by nonmembers, and can be insured IF the actual management of activity is by Girl Scout staff/volunteers in conformance with Girl Scout Program Standards. Such groups may include school classes, members of other informal educational groups such as Boy Scouts, and community or religiously funded organizations.

Family Camping – Girl Scout property may be made available for members and their families for camping. If the Council provides activities for part of the period, and actively manages the event, then family camping events can be insured. If the Council merely acts as a “campground” where families do as they desire (whether or not the Council supplies the meals), then the event is not insurable under the Plans in this Guide.

Girl Scout Program Standards – This term is meant to include applicable portions of **The Blue Book, Girl Scout Safety Standards, Volunteer Essentials and Safety Activity Checkpoints** as well as related GSUSA materials.

Member – A currently registered Member of the Girl Scouts of the U.S.A. This means that visiting Girl Scouts/Guides from other organizations are not covered as “Members,” but can be as “nonmembers.”

Participants – This includes adults, minors, Members and nonmembers who participate in an event. For example, at an enrollment event, it would include current Members, the volunteers and any staff that will be attending and managing the activities designed especially for the potential enrollees, their parents, the children placed in a Supplemental Supervised Unit, and the supervisor(s) of that unit. As always, it would not include “Tagalongs.” (See below.)

Staff – This includes both volunteers and employees. The definition focuses on the role of the person, not whether or not they are “paid” or are statutory employees under various laws.

Supplemental Supervised Unit – This may be called by many names. Some common ones include “boys’ unit,” and “pixie unit.” It is the children who would be “Tagalongs,” except for the fact that they are kept under the continuous supervision of an adult while a Girl Scouting activity takes place for Members. The reason they are insurable is that they are continuously supervised. In resident camping there may be a counselor assigned specifically to supervise the children of staff who are not campers. In the group setting, it may be siblings who are kept together away from the Girl Scout programming and supervised by an adult: Member or nonmember, or a properly trained and adult-supervised older Girl Scout.

Tagalong – Tagalongs are siblings and friends, both boys and girls, who come with parents or guardians to a Girl Scout event.