



## Plan 2

**(Enrollment Form for Optional Accident Insurance for Girl Scout Activities or Events)**

1. Submit the completed enrollment form to Girl Scouts of Central Indiana at 7201 Girl Scout Lane, Indianapolis, IN 46214 for approval.

2. Once completed enrollment form is received by Girl Scouts of Central Indiana, the council will submit your enrollment information and premium to the insurance company. **Council approval is required - troop leaders/volunteers should not submit enrollments directly to insurance company.**

**Please fill out the section below in full.**

Troop number or service unit: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Council code number: **434**

Leader name or name of person submitting this form: \_\_\_\_\_

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

### Schedule of event

(All dates below are inclusive)

			(1)	(2)	(3)	(4)	(5)
Name and location of event	Beginning date	Ending date	Number of participants	Number of days	Number of participant days (1x2)	Premium each day at \$ .11	Total (3x4)
Sample: travel to Girl Scout Birthplace, Savannah, GA	2/5/2012	2/9/2012	25	5	125	\$.11	\$13.75
						\$.11	
						\$.11	
						\$.11	
						\$.11	
						\$.11	
						\$.11	
<b>Total</b>	N/A	N/A				\$.11	

Enclose check made payable to Girl Scouts of Central Indiana for the total premium above. Minimum premium is \$5. Several events may be included on one enrollment form to meet the minimum.

**For council use**

Council signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(For office use only: Receipt to 10-57-9430-5000 (Trip Insurance))