



Plan 3E

(Enrollment Form for Optional Accident and Sickness 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. *This form MUST be received in the council office with payment at least two weeks prior to your event.*
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 information below in full.

Troop number or service unit: _____
 Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____ Email Address: _____

Council code number: 434

Leader name or name of person submitting this form: _____

Please provide accident and sickness 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 \$0.29	Total (3x4)
Sample: travel to Girl Scout Birthplace, Savannah, GA	2/5/2012	2/9/2012	25	5	125	\$0.29	\$36.25
						\$0.29	
Total	N/A	N/A				\$0.29	

Enclose check made payable to Girl Scouts of Central Indiana for the total premium above. Minimum premium is \$5.00. Several events may be included on one enrollment form to meet the minimum.

Card Number: _____
 Type of Card: AMEX / Discover / Visa / MC

Date of Expiration _____ Name on Card _____

The form MUST to be received in the council office at least 2 weeks prior to the dates being requested.

(For office use only: Receipt to 10-57-9430-5500 (Trip Insurance))