Plan 3Pl

(Enrollment Form for Optional Accident and Sickness Insurance for International 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 the completed enrollment form has been received by Girl Scouts of Central Indiana, the council will submit your 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:	E	Email Address:	·	
Council code number: 131				

Council code number: 434

Trip 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):

Trip Schedule

(all dates below are inclusive)

		-	(1)	(2)	(3)	(4)	(5)
Name and location of event	Beginning date	Ending date	Number of partici- pants	Number of days	Number of participant days (1x2)	Premium each day at \$.11	Total (3x4)
Sample: country	2/5/2012	2/9/2012	25	5	125	\$1.17	\$146.25
						\$1.17	
Total	N/A	N/A				\$1.17	

Enclose check made payable to Girl Scouts of Central Indiana for the total premium above. Minimum premium is \$5.00 ATTENTION TROOP LEADER:

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

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

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.