

Girl Scouts of Kentuckiana
Application for Optional Insurance
International Travel

RS#34b 3/07

Complete this form and return it with the appropriate payment to:

Program Development Coordinator
 Girl Scouts of Kentuckiana
 P.O. Box 32335
 Louisville, KY 40232-2335
 (502) 636-0900 x228
 (888) 771-5170 x228

Choose one of the following plans:

Plan 3P: To insure members and non-members who are participating in activities lasting three consecutive nights or longer. This plan covers ACCIDENTS and SICKNESS. It is PRIMARY insurance, and tagalongs cannot be covered. This plan does not include a travel assistance feature. COST: \$.67 per person per day.

Plan 3PI: To insure members and non-members who are participating in an international trip lasting three consecutive nights or longer. This plan covers ACCIDENTS and SICKNESS. It is PRIMARY insurance and includes a 24-hour Travel Assistance Service feature accessible by phone anywhere in the world for hands-on help prior to the trip and with medical or other emergencies during the travel period. Tagalongs cannot be covered. COST: \$1.17 per person per day.

NOTE: Plan 3PI is the recommended plan for international travel.

Prices can change without notice. Consult Resource Sheet #34 for additional information. For clarification, "Secondary" means family insurance plans pay first on claims and Girl Scout plans pay second. If there is no family insurance or if Plan 3P is chosen, Girl Scout insurance pays first. Only one optional plan can be used for any one event.

Name _____ Phone # (home, work, cell) _____

Address _____
Street or Route City State Zip

Plan Desired	Troop #	Location of Event	Type of Activity
_____	_____	_____	_____

To calculate the payment needed for the plan desired, fill in the boxes below. You must insure every person in the group and you must insure them for all the calendar dates over which the event extends ("day" equals "date"), including the BEGINNING DATE (the day you're leaving) and the ENDING DATE (the day you're returning home).

(1) Beginning Date	(2) Ending Date	(3) Total # of Participants	(4) Total # of Days	(5) Multiply: Box 3 x Box 4	(6) Cost of Plan (above)	(7) Multiply: Box 5 x Box 6	(8) Total Payment Due

The figure in box 7 is usually the total payment due. **However, the total payment cannot be less than \$5.00. If your calculations add up to less than \$5.00, you must still pay a \$5.00 minimum.**

Make your check out to – Girl Scouts of Kentuckiana.

Send your payment and this application form to the address above. Your application must arrive in the Louisville office NO LESS THAN THREE WEEKS ahead of the beginning date of the event. **Applications received too late to fit within Mutual of Omaha's procedures cannot be accepted, and the event will not be insured.** Confirmation and claim forms will be sent following the processing of the application at the Girl Scout office. Any errors must be corrected BEFORE the application can be sent to the insurance company.

NOTE: Please be aware that prices can change. Check for updated applications before turning this in. If you have the incorrect form, we CANNOT process your application until we have the correct payment.

