



# Activity (Accident) Insurance Enrollment Form

For Plans 3P and 3PI

Use the [online enrollment process](#) if possible.

INSTRUCTIONS	Complete all sections of this form.
	A minimum of \$5 is required.
	Allow 10 business days for processing.
	A confirmation receipt will be emailed to you. Contact <a href="mailto:accountspayable@sdgirlscouts.org">accountspayable@sdgirlscouts.org</a> if you do not receive the receipt within 5 days.
	Do not purchase insurance for any Girl Scout staff members who are attending on duty.

**Plan Types:** **Plan 3P** - Sickness coverage is available as an add-on; recommended for those without health insurance, especially when they'll be far from home; cost is \$0.70 per person, per day

**Plan 3PI** for International Events: any trip or event that includes time in another country; cost is \$1.17 per person, per day

Plan	Who's covered?	Type of coverage	Enrollment required?	Cost to enroll (\$5 minimum)
<a href="#">Plan 1</a>	Registered Girl Scout members & invited participants	Accidents at approved Girl Scout activities	No	No cost – enrollment is automatic with membership
<a href="#">Plan 3P</a>	Participants who need sickness insurance	Adds sickness coverage during approved Girl Scout trips and activities	Yes; count the number need coverage	70 cents per person, per day
<a href="#">Plan 3PI</a>	Participants in international trips or events	Accidents and sickness during international trips. Includes travel assistance if the person needs to come home.	Yes; provide the names and ages of participants	\$1.17 per person, per day

\*\*\* **Plan 2** for Non-Members is no longer necessary - all invited participants will be covered automatically by GSUSA effective October 1, 2023

**Enrollment Information:** Email this completed form to [accountspayable@sdgirlscouts.org](mailto:accountspayable@sdgirlscouts.org)

SECTION A	Event leader name:	
	Troop or service unit number:	
	Email address:	
	Phone number:	

ENROLLMENT	A	B	C	D	E	F	G	H	Total due
	Choose plan type: 3P Sickness \$0.70 3PI International \$1.17	Event name	Location / City	Start date	Ending date	Number of participants	Number of days (D thru E)	Number of participant days (F x G)	Event total (Column A rate x H)
3P 3PI									
3P 3PI									
3P 3PI									
3P 3PI									
Total cost (must be at least \$5)									

PLAN 3PI ROSTER	Plan 3PI only: Complete or attach separate sheet. Use ages travelers will be at the start of the trip.					
	Name	Age	Name	Age	Name	Age

PAYMENT	Select payment method	
	<input type="checkbox"/>	I have attached a check payable to Girl Scouts San Diego
	<input type="checkbox"/>	I would like to pay by phone. An invoice will be issued, with payment instructions for me to follow.
	<input type="checkbox"/>	I need help with calculating the amount, or with making payment. Please contact me.

For enrollment or payment questions, contact [accountspayable@sdgirlscouts.org](mailto:accountspayable@sdgirlscouts.org).

For coverage questions, contact [serviceunits@sdgirlscouts.org](mailto:serviceunits@sdgirlscouts.org).