

Girl Scouts in the Heart of Pennsylvania

ADDITIONAL INSURANCE COVERAGE REQUEST FORM

(Needed for Extended Day and International Trips Only)

Girl Scouts in the Heart of Pennsylvania, through Mutual of Omaha, provides insurance coverage with limitations for any person who is not a registered member of the Girl Scout organization for a Girl Scout activity/event. For cost and details about the additional insurance plans, please refer to the Girl Scout Activity Insurance section of Volunteer Essentials (\$5.00 minimum required).

Number to be insured: Troop/Group # Service Unit:

Choose a Plan: Plan 2 Plan 3E Plan 3P Intl. Plan 3PI

Troop/Group Leader: Phone: (____) _____

Mailing Address: _____ Email: _____

Purpose/Type of Activity: _____

Departing from: Date: Time: _____

Destination (Facility name, town, and State): _____

Returning to: Date: Time: _____

Signature: _____ Date: _____

All Additional Insurance Coverage Request Forms must be returned with a check payable to *Girl Scouts in the Heart of Pennsylvania* two weeks prior to the trip/event. To obtain additional insurance coverage, please send the completed form and check to GSHPA, Attn: Susan Kreidler or Pat Hoyt, 350 Hale Avenue, Harrisburg, PA 17104 or email them respectively at skreidler@gshpa.org or phoyt@gshpa.org. For questions, please call 1.800.692.7816.

LIST THE NAME(S) AND AGE(S) OF PERSON(S) TO BE COVERED

(Send in payment along with this form)

NAME	AGE	NAME	AGE
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	