



Supplemental Insurance Form

Supplemental Insurance is offered by GSHG through our insurance company as a supplement to the Accidental Supplement Insurance (**Plan 1 Accidents Only**) to ensure all participants are covered for accidents plus sickness while participating in a **Girl Scout approved, supervised event/activity/trip**. Unless Girl Scouts are traveling internationally, supplemental insurance is optional, though it is still recommended for *all* extended, long-distance trips (more than 1-2 nights).

Supplemental Insurance is used for coverage with the following guidelines:

- Plan 3P (Accident Plus Sickness) covers the same as Basic Plan 1 *plus sickness coverage*. Sickness coverage must be purchased separately and is intended as an option for extended, long-distance trips.
- Plan 3PI (Accident Plus Sickness for International Trips) is needed for international trips. It provides accident plus sickness coverage for trips outside of the United States. The Basic Plan 1 will not cover international trips, so it is necessary to purchase Plan 3PI when taking Girl Scouts on international travel.

Instructions:

1. Submit the completed form below, along with the completed **Troop/Group Trip/Activity form** (if applicable) to your local GSHG office.
2. Enclose a check payable to GSHG, Inc. for the amount.
3. The current fee is \$.70 per day per person for domestic trips and \$1.17 per day per person for international trips. Insurance premiums are set by the insurance company and are subject to change. There is a **\$5.00 minimum** for the supplemental insurance.
4. When calculating for Girl Scout event/activity, count all attendees, regardless of Girl Scout membership status.

Event Name & Location	Beginning Date	Ending Date	# of Participants	# of Days	# of Participants Times Days	# Times Premium per Day	Total
Ex: Field Trip to Savannah	11/17/23	11/21/23	25	5	125	125 X .70	\$87.50

Troop/Group # _____ Grade Level _____ County/Service Unit/Area _____

Leader/Advisor’s Name _____

Leader/Advisor’s Signature _____

Phone _____ E-mail _____

Address _____ Street City/State/Zip

Please note: You may now submit an electronic version of this form online at: <https://gshg.wufoo.com/forms/gshg-request-for-supplemental-insurance-plan-3p>