

# REQUEST FOR ADDITIONAL INSURANCE

To purchase additional insurance, complete and submit this form with the appropriate fee to your Membership Specialist at least 3 weeks prior to starting date of event. Your Membership Manager will sign the request and forward to the Systems Department, Girl Scout Council of Greater New York, Inc. 43 West 23rd Street, New York, NY 10010-4283.

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Leader/Coordinator Name: \_\_\_\_\_ Troop#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. Day: (     ) \_\_\_\_\_ Tel. Eve: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**INDICATE INSURANCE PLAN BEING REQUESTED** *(see reverse side for description of coverage for each plan).*

\_\_\_\_ **PLAN 2:** Accident Insurance for Activities or Events Excluded Under the Basic Plan (\$0.11 per person per day).

\_\_\_\_ **PLAN 3E:** Accident and Sickness Insurance for Activities or Events Excluded Under the Basic Plan (\$0.29 per person per day).

\_\_\_\_ **PLAN 3P:** Accident and Sickness Insurance for activities or events excluded under the Basic Plan (\$0.67 per person per day).

\_\_\_\_ **PLAN 3PI:** International Travel Plan. Accident and Sickness Insurance for Events excluded under the Basic Plan (\$1.17 per person per day).

Names of participants requesting insurance *(continue on additional page if necessary)*

\_\_\_\_ Total # of persons applying for Additional Insurance.

NAME	MALE/FEMALE	AGE <i>(children)</i>
1.		
2.		
3.		
4.		
5.		

Signature of Leader/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of of Membership Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director of Programs: \_\_\_\_\_ Date: \_\_\_\_\_



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