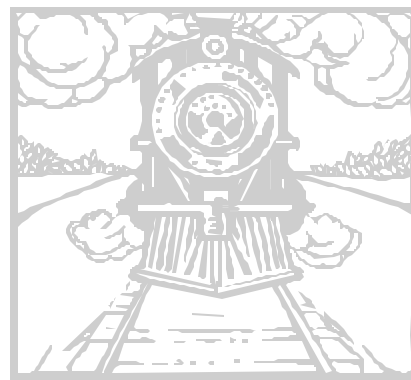
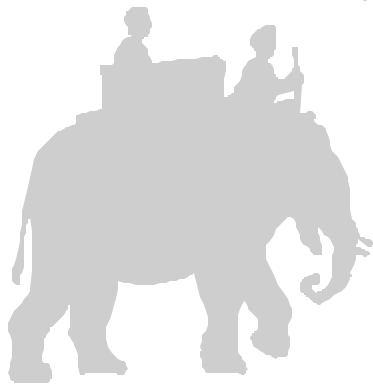
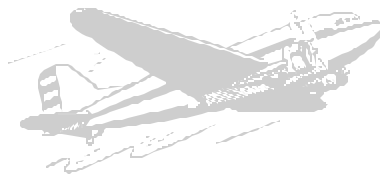
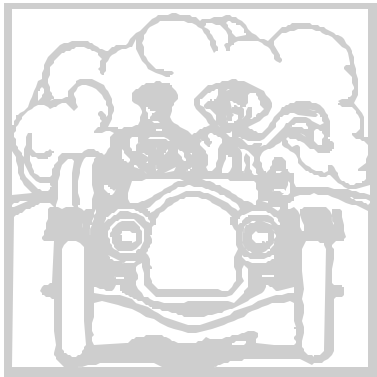


# Extended Trip Packet

Domestic Trips, three nights or longer  
International Trips (*use with International Supplement*)



**Girl Scouts of Rolling Hills Council**  
1171 Route 28, North Branch, NJ 08876  
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## PROCEDURES FOR EXTENDED TRIPS

EXTENDED TRIP: An extended trip is defined as any domestic trip, which is three nights or longer in length (unless it is a three night trip over a Federal Holiday) or any international trip.

The Qualified Troop will have demonstrated readiness for this trip by:

1. Participating in a progression of activities leading up to this trip.
2. Blocking out a month-by-month troop program outline in order to achieve a proper balance between regular program and trip activities.
3. Selecting a trip, which is age appropriate and meets all the appropriate program standards.

The Qualified Trip Coordinator will:

1. Be well-informed regarding Rolling Hills policies and procedures. Review the Extended Trip Packet. Know current information regarding: emergency procedures, contractual agreements, money-earning and required training.
2. Review Safety-Wise with trip participants, including:
  - a) Safety principles for all activities
  - b) Activity Checkpoints for planned activities
  - c) Program standards
  - d) Adult certifications required for planned activities
3. Work closely with the Girls throughout all stages of planning. Keep the Council informed of plans as they can provide additional support and assistance to you.
  - a) Complete the **Preliminary Application for Extended Trip (Form A-1)** and have it signed by your Service Unit Manager for approval **not less than six months prior** to the departure date. *NOTE: More extended domestic trips or trips to another country will require a planning period longer than six months.* It is recommended that **two years** be allowed in preparing for trips requiring large expenditures of money and/or extensive program planning. For **international trips** read page 46 Safety-Wise.
  - b) **Not less than three months prior** to the departure date complete and submit the **Final Application and Itinerary for Extended Trip (Form B-1)** to the Girl Scout Coordinator at Council for approval. NOTE: the Council must approve any last minute changes.
  - c) **Parent Permission for Extended Trip forms (Form C)\*, Permission to Travel with Minors (Form C-1)\* (international only)** and **Standard Health Examination Record Forms** will need to be given to all girls and adults in the group, and returned to the trip coordinator \*(*international trips use health forms in the International Supplement*). Keep one copy. **Not less than one month prior** to departure turn one copy in to Council. \* In the case of notarized permission slips (*international only*) make two originals, keep one and give one to Council.
  - d) Complete the **Extended Trip Report (Form D)** **within one month after** returning and send it to the Girl Scout Coordinator and Field Staff representative.

Obtain additional Girl Scout Insurance required for extended trips over 3 nights or longer (not including a three night trip over a Federal Holiday) and international trips. Insurance information is contained in this packet and purchase is made through Council.

## **EXTENDED TRIP CHECKLIST**

*Any domestic trip, which is three nights or longer in length (unless it is a three night trip over a Federal Holiday) or any international trip*

Begin **six to twelve months** before a domestic trip; **eighteen months to two years** before an international trip:

### **PLANNING:**

- \_\_\_ Assess troop/group readiness for trip.
- \_\_\_ Girls/leaders begin planning process. Where? When? Why? How much? What?
- \_\_\_ Review ***Safety-Wise*** © 2000: Program Standards, all Activity Checkpoints, Planning Trips (Chapter 5), Hotel and Safety Tips (p.146-147). Review GSUSA and Rolling Hills Council policies/procedures.
- \_\_\_ Discuss plans with your Service Unit Manager and the Council Trip Representative.
- \_\_\_ Contact Council Center for additional information for an international trip.
- \_\_\_ Hold parents' meeting. Get support for your plans.

### **SOLIDIFY PLANS, FIRST FORMAL NOTICE TO COUNCIL:**

- \_\_\_ Create a tentative itinerary, (including a "Plan B").
- \_\_\_ Set up a tentative budget. Include plans for alternate use of funds if the trip does not take place.
- \_\_\_ Design monthly troop program outline achieving balance between program and trip activities.
- \_\_\_ Discuss and plan money-earning projects. Set product sale goals.
- \_\_\_ Decide on back home commitments for sharing the trip with others.
- \_\_\_ Complete and submit **Preliminary Application for Extended Trip (Form A-1)**, *not less than 6 months prior to departure for domestic and 18 to 24 months for international.*

EXTENDED TRIP CHECKLIST, continued

**SUBMITTING FINAL PAPERWORK:** *(domestic trips 2 months and international trip, 3 months, prior to trip)*

- \_\_\_ Complete and submit **Final Application and Itinerary for Extended Trip (Form B-1)** *not less than 2 months (domestic) or 3 months (international) prior to departure.*
- \_\_\_ Provide Council with contact names and phone numbers for activity sites *not less than 2 months (domestic) or 3 months (international)*. This applies to any activity listed in Safety-Wise that requires site approval by Council. Some examples are horseback riding, rock climbing and watercraft.
- \_\_\_ Travel arrangements made. Contractual agreements pre-approved by Council prior to signature.
- \_\_\_ Business & financial matters settled. Final budget set, including 10% contingency fund.
- \_\_\_ Update itinerary, all emergency contacts and procedures, last minute details. Notify Council of changes **ASAP**.
- \_\_\_ Parent meeting set to go over final itinerary, procedures and permissions.
- \_\_\_ Complete and submit **Parent Permission for Extended Trip (Form C)** *signed by both parents, and Standard Health Examination Record, not less than 1 month prior to departure* *\*(The health forms in this packet are for domestic trips only. For International trips use all of the health forms found in the International Supplement, for girls and adults)*
- \_\_\_ Additional insurance obtained through Council, *not less than 1 month prior to departure.*
- \_\_\_ Submit copies of passports, visas, etc. *(international trips)*

**AFTER THE TRIP - BACK HOME COMMITMENTS:**

- \_\_\_ Evaluate the trip with all participants.
- \_\_\_ Complete and submit **Extended Trip Report (Form D)** within one month after returning from trip.
- \_\_\_ Share what you did with other Girl Scouts and the community.
- \_\_\_ Send "Thank yous" where applicable.

## Itinerary Guidelines

During the trip, each trip participant should carry with them a copy of the complete itinerary. A copy should be given to the *back home* parent(s)/guardian(s) and emergency contacts, and a copy submitted to the Council office as part of the **Final Application for Extended Trip**. The adult in charge should also carry copies of Health Histories and Medical Release forms for all trip participants (including the adults).

### Include in your itinerary:

- \_\_\_\_\_ Name, address and phone number of overnight accommodations
- \_\_\_\_\_ A daily schedule of activities planned, including name, location, phone number (if possible) of activity sites, dates, approximate time/length of activity.
- \_\_\_\_\_ Contingency plans for cancelled activities due to possible unseen circumstances.
- \_\_\_\_\_ The mode of transportation between destinations, including:
  - name, address and phone number of companies used for rented/leased modes of transportation
  - name of the airline (if applicable), the flight number(s) to and from your destination(s), and the name and seat number of each participant
  - a detailed vehicle log listing the names of passengers traveling in chartered/leased or private vehicles, the private vehicle license plate #s if applicable (include the names and driver license #s of drivers, other than bus/company/public transportation drivers)
- \_\_\_\_\_ A copy or your roster, including:
  - names, addresses and day/evening telephone numbers for all trip participants (*land lines, not just cell phone #s*)
  - a list of home day/evening alternative contact phone numbers (*land lines, do not rely on cell phones*)
  - a list of emergency contact both at home, during and at trip destinations (*land lines, do not rely on cell phones*)
  - address and phone number of the U.S. Embassy(ies) in the country(ies) you are visiting; be sure to notify each embassy of the dates you will be in the country (*international trips only*)
  - phone numbers for the nearest hospital(s) and police at trip destinations
  - a copy of current **Emergency Procedures**, including GSRHC contact phone number

**PRELIMINARY APPLICATION FOR EXTENDED TRIP  
( Required Initial Notification to Council)  
(FORM A-1)**

For trips lasting 3 nights (excluding Federal Holiday) or longer and any international trips. Fill out the application **(6-12 months domestic, 18-24 months international)** prior to planned departure. Make 2 copies: one for your records, one for your Service Unit Manager. Have the original and both copies signed by your S.U. Manager, and send the original to the Council Trip Representative for approval.

Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_ Program Level \_\_\_\_\_ # of girls in troop \_\_\_\_\_

# of girls planning to participate in the trip \_\_\_\_\_ # of adults participating \_\_\_\_\_ Age range of girls \_\_\_\_\_

Trip Coordinator's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How long has the Trip Coordinator worked with the troop? \_\_\_\_\_

Troop Leader's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Trip Destination(s) \_\_\_\_\_

Proposed Travel Dates: Departure \_\_\_\_\_ Return \_\_\_\_\_

Method(s) of Transportation: \_\_\_\_\_

Activities planned: \_\_\_\_\_

The troop (girls and adults) has taken the following steps: (please check steps completed)

\_\_\_\_\_ Discussed our plans with the parents, and have decided that we are mature enough and work well enough together to benefit from the trip as a valuable experience.

\_\_\_\_\_ Held a meeting with all parents to present the idea, and secured their willingness to support the trip if it is approved.

\_\_\_\_\_ Understand that **Applications for Group Money-Earning Projects** must be approved prior to activity.

\_\_\_\_\_ Reference **Safety-Wise © 2000**, and GSUSA and GSRHC policies and procedures while trip planning.

**Attach copies of :**

\_\_\_\_\_ Tentative budget and possible ways to finance the trip. *Note guideline: Troop 1/3, Girls 1/3, Parents 1/3 = Total Cost*

\_\_\_\_\_ Our agreed upon plan for handling the troop funds if some members of the troop choose not to participate.

\_\_\_\_\_ Alternate plan for using the money earned in case the trip does not materialize.

\_\_\_\_\_ Alternate plan to cover expenses in the case of trip participant cancellation ( *Note: this may affect group ticket prices.*)

\_\_\_\_\_ I have discussed and reviewed the above plans with the troop leader and give my preliminary approval for this trip.

Service Unit Manager's signature: \_\_\_\_\_ Date \_\_\_\_\_

Action taken by Council Service Center Trip Representative:

\_\_\_\_\_ I have discussed and reviewed the above plans with the Trip Coordinator and give my preliminary approval for this trip.

\_\_\_\_\_ At this time I cannot approve these trip plans. Reason(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINAL APPLICATION AND ITINERARY FOR EXTENDED TRIP (FORM B-1)**

For trips lasting 3 nights (excluding Federal Holiday) or longer and any international trips. Fill out the application **at least three months** prior to departure. Make 2 copies: one for your records, one for your Service Unit Manager. Have the original and both copies signed by your S.U. Manager, and send the original to the Council Trip Representative for approval.

Trip Destination(s) \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_ Program Level \_\_\_\_\_ # of girls in troop \_\_\_\_\_

# of participants in the trip: Girls \_\_\_\_\_ Age range of girls \_\_\_\_\_ Adults: Female \_\_\_\_\_ Male \_\_\_\_\_

Trip Coordinator's Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Troop Leader's Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Travel Agency (if used): Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact Person(s) at Trip Destination(s). Landlines, not cell phones only:**

Name \_\_\_\_\_ Trip destination \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Trip destination \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact Person(s) for Troop at Home. Landlines, not cell phones only:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Certified Adult (s) required by program activities planned:**

(i.e., First Aid/CPR Adult, Troop Camper, Lifeguard, etc.) **ATTACH COPIES OF CURRENT CERTIFICATIONS.**

**First Aid/CPR Adult** Name \_\_\_\_\_ Certification/Expiration \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Certification/Expiration \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Certification/Expiration \_\_\_\_\_

**Planned Activities:** Attach additional sheets as needed.

\_\_\_\_\_



**Methods of Transportation**

Private Vehicles  
 Names and driver's license numbers of drivers to be supplied by the group: \_\_\_\_\_

Chartered Bus    Bus Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rented/Leased Vehicle    Rental Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*NOTE:** For chartered/rented vehicles, all agreements and contracts must be submitted to the Council to be signed by the Executive Director. (Safety-Wise 2000, pg. 52)

Plane    Airline: \_\_\_\_\_ Flight number(s): \_\_\_\_\_

**Please attach a final copy of:**

- Final budget, including 10% contingency fund.
- Day by day itinerary (see itinerary guidelines in trip packet) given to parents.
- Roster of names, addresses and telephone numbers of all trip participants, including :
  - A list of back home alternate contact numbers
  - A list of emergency contact persons both at home and at the trip destinations.
  - Phone numbers for the local hospitals and police at the trip destinations.
  - Phone number for the U.S. Embassy (in the case of an international trip) at the trip destinations.
- Current certifications held by adults attending trip, showing name and expiration date.
- Health examinations, within the last 24 months, for all trip participants (see **Health Examination Form** in trip packet).
- NOTARIZED Parent Permission and Agreement (Form C)** form for each girl. (Have parents notarize 2 copies, one to travel with the leader and one for Council)
- Copies of passports, visas, etc. for each participant (International trips only)

**Indicate below the status of your plans: (check completed items)**

- Obtained the most current copy of Council Emergency Procedures.
- Provided the parents with a copy of final itinerary, roster and emergency phone numbers.
- Received approval from Girl Scouts of Rolling Hills Council on all contractual agreements.
- Obtained additional insurance through the Council Service Center.

*The adult in charge has read Safety-Wise, 2002, is familiar with GSUSA and GS of Rolling Hills Council policies and procedures, and the appropriately trained adults will accompany the troop on this trip.*

Troop Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Trip Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Unit Manger's Signature \_\_\_\_\_ Date \_\_\_\_\_

Action taken by the Council Trip Representative:

- I have discussed and reviewed the above plans with the Trip Coordinator and give my approval for this trip
- At this time I cannot approve these trip plans. Reason(s) for denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Girl Scouts of Rolling Hills Council**  
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**PARENT/GUARDIAN PERMISSION FOR EXTENDED TRIP  
(FORM C)**

(To be completed by leader/trip coordinator)

Participant's Name \_\_\_\_\_ has permission to travel round trip to

\_\_\_\_\_ via \_\_\_\_\_  
(destination) (transportation methods)

Trip Departs at (time) \_\_\_\_\_ AM/PM on (day/date) \_\_\_\_\_ and

Returns at (time) \_\_\_\_\_ AM/PM on (day/date) \_\_\_\_\_

Trip program and activities include (i.e. camping, sightseeing, swimming, hiking) \_\_\_\_\_

Parent/Guardian Permission and Participant Agreement

We (I) will obtain any necessary travel documents (birth certificates, passport, visa, etc.) and travelers checks. We (I) understand that the responsibility for the following rests with us (me):

1. Our (my) share of the financial support of this trip as outlined in the tentative trip budget.
2. All extra costs relating to transportation including:
  - a) Payment of any additional costs for early return home.
  - b) Ticket cancellation fees.
3. Insurance for our daughter's (my own) personal belongings. (Homeowner's or other insurance policy).
4. Medical expenses from departure to return; this includes follow up treatment for accidents.
5. Our daughter (I) will not participate in this trip if she is (I am) not in good health.

Adults-in-Charge accompanying the group reserve the right to send girls/adults home for disciplinary reasons, in which case the parents/guardians/adults are responsible for additional transportation costs.

To be signed by **both parents/guardians** of girl (where appropriate), **notarized for international trips**. In the event only one parent holds custody include a copy of the custody court order.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Trip Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Girl Scouts of Rolling Hills Council

**GIRL STANDARD HEALTH EXAMINATION RECORD**

This side is to be filled in by parent/guardian and checked with physician at time of examination \* NOTE: This form is for domestic trips only. For international trips, use the forms found in the *International Supplement*

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
last first initial

Parent/Guardian: (Spouse) \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: (mother) \_\_\_\_\_ (father) \_\_\_\_\_

If parent/guardian is not available in an emergency notify the following person. Please be sure person listed below is aware that your child is on a trip and their name has been used on this form.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Trip participant's health insurance provider: \_\_\_\_\_

Policy # \_\_\_\_\_ Participant's Social Security # \_\_\_\_\_

**Health History:** (Check- giving approximate dates)

<u>Frequent ear infections:</u> _____	<u>Hay fever</u> _____	<u>Chicken Pox</u> _____
Heart disease/defect _____	Ivy poisoning, etc. _____	Measles _____
Seizures _____	Insect stings _____	German Measles _____
Diabetes _____	Penicillin allergy _____	Mumps _____
Asthma _____	Other drug allergies _____	Hepatitis _____
Behavioral illness _____	Food allergies _____	

Operations or serious injuries: (nature/dates) \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

\*\*\* Notify the Leader/Trip Coordinator if this participant is exposed to any communicable disease during the three weeks prior to trip attendance.

Please list any medications she MUST take or those she is allowed to take.

MUST TAKE:   	Allowed to take:   
------------------------	------------------------------

**Parent's Authorization.** This health history is correct so far as I know, and the person herein described has permission to engage in all planned trip activities except as noted by me and the examining physician.

I hereby give permission to the physician selected by the trip coordinator to order X-rays, routine tests and treatment for the health of my child, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the first aider/trip coordinator to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN. (IF YOU BELONG TO HPHC or other HMO, FILL OUT THE FRONT OF THIS FORM AND ATTACH YOUR DAUGHTER'S HEALTH INFORMATION TO THE BACK).

HEALTH EXAMINATION MUST OCCUR WITHIN 24 MONTHS OF PARTICIPATION IN THE TRIP.

**Immunization History**

Please record the date (month & year) of basic immunizations and most recent booster doses:

VACCINES	Date of Basic Immunization	Date of last Booster
Diphtheria Pertussis (Whooping Cough) DTP Tetanus OR	1. 2. 3.	1. 2. 3.
Tetanus Diphtheria OR TD		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German Measles, 3-day measles)		
Other		

Tuberculin test given \_\_\_\_\_ (most recent date) Result \_\_\_\_\_

**Code: V=Satisfactory X=Not Satisfactory (explain) O=Not examined**

Height _____	Weight _____	Blood Pressure _____
Eyes _____	Lungs _____	Allergies (Please specify) _____
Glasses _____	Abdomen _____	_____
Ears _____	Hernia _____	_____
Nose _____	Extremities _____	_____
Throat _____	Posture _____	General Appraisal: _____
Heart _____	Skin _____	_____
Genitalia _____		_____

For girls and women: Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If yes, is her menstrual history normal? \_\_\_\_\_

**Recommendations or Restrictions:**

I have examined the person herein described and have reviewed the health history. It is my opinion that this individual is physically able to engage in trip activities.

Examining Physician \_\_\_\_\_ MD. Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Girl Scouts of Rolling Hills Council  
1171 Route 28, North Branch, NJ 08876  
908-725-1226

**EXTENDED TRIP REPORT  
(FORM D)**

Complete and return Report Form to the Council Service Center within one month of trip. Keep one copy for your troop records.

Trip Coordinator \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_

Trip Destination(s) \_\_\_\_\_ Departure date \_\_\_\_\_ Return date \_\_\_\_\_

Actual number of participants on trip: Adults: Female \_\_\_\_ Male \_\_\_\_ Girls: \_\_\_\_

**HEALTH AND SAFETY:**

Please list below all First Aid treatment for burns, cuts, sprains, etc. and treatment for any illness or injury. (use separate sheet if necessary): If you filed any accident insurance claims, please give details on separate sheet.

Date	Name	Injury/Illness	Treatment	By Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FINANCES:**

Troop Treasury:

Estimated Cost \_\_\_\_\_  
Total Cost \_\_\_\_\_  
Balance \_\_\_\_\_

Actual Cost of Trip:

Transportation \_\_\_\_\_  
Overnight Lodging \_\_\_\_\_  
Meals \_\_\_\_\_  
Program \_\_\_\_\_  
\* Other \_\_\_\_\_

*\* Please Specify tips, cab fare, entrance fees, unexpected expenses and/or changes in plans.*

Total Cost of Trip: \_\_\_\_\_

**TRANSPORTATION:** any comments?

**PROGRAM:** Briefly explain the highlights of your trip, any changes in plans, how the girls plan to share the experience with others and the results of evaluations with the girls. (Use separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Trip Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Troop Leader \_\_\_\_\_ Date \_\_\_\_\_

## COMPARISON CHART OF THE GIRL SCOUTS INSURANCE PLANS

The following is a high-level comparison of the coverage contained in the Master Policies issued to the Girl Scouts of the USA and underwritten by United of Omaha Life Insurance Company. For further details, please refer to the appropriate Plan Section within the Guide. All information given is subject to the terms and conditions of the Master Policies. Please refer to the brochures for complete information about benefits, exclusions and limitations. Any questions call Special Risk Services at 1-800-524-2324.

	<b>Plan 1</b> Accident Insurance Basic Coverage	<b>Plan 2</b> Accident Insurance	<b>Plan 3E</b> Girl Participant Accident & Sickness Insurance	<b>Plan 3P</b> Girl Participant Accident & Sickness Insurance	<b>Plan 3PI</b> Girl Participant Accident & Sickness Insurance for International Trips	<b>International Inbound</b> Accident & Sickness Insurance for Girl Guides/Girl Scouts Visiting the USA
<b>ELIGIBILITY</b>	Every registered Girl Scout and registered Adult Member	All participants of a participating Girl Scout Council	All participants of a participating Girl Scout Council	All participants of a participating Girl Scout Council	All participants of a participating Girl Scout Council	Councils who are hosting Girl Guides/Girl Scouts visiting the USA
<b>COVERAGE</b> Any approved, supervised Girl Scout Activity	Lasting two consecutive nights or less	Lasting more than two nights	Lasting more than two nights	Lasting more than two nights	Lasting more than two nights	NOT INCLUDED
<b>PREMIUM RATES</b>	Paid by Girl Scouts of the USA	\$.12 per participant per calendar day or portion thereof	\$.33 per participant per calendar day or portion thereof	\$.57 per participant per calendar day or portion thereof	\$1.15 per participant per calendar day or portion thereof	\$3.00 per person per calendar day or portion thereof
<b>BENEFITS &amp; AMOUNTS</b>	-----	-----	-----	-----	-----	-----
For Accidental Death	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	NOT INCLUDED
For Accidental Dismemberment	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000	NOT INCLUDED
For Paralysis	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	NOT INCLUDED
Medical Expenses Accidents	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$50,000
Dental Treatment	Up to \$2,000 for treatment and/or replacement of sound, natural teeth	Up to \$2,000 for treatment and/or replacement of sound, natural teeth	Up to \$2,000 for treatment and/or replacement of sound, natural teeth	Up to \$2,000 for treatment and/or replacement of sound, natural teeth	Up to \$2,000 for treatment and/or replacement of sound, natural teeth	NOT INCLUDED
Medical Expenses Sickness	NOT INCLUDED	NOT INCLUDED	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$50,000
Non-duplication Provision	First \$100.00 then medical expenses excess to other insurance	First \$100.00 then medical expenses excess to other insurance	First \$100.00 then medical expenses excess to other insurance	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

	<b>Plan 1</b> Accident Insurance Basic Coverage	<b>Plan 2</b> Accident Insurance	<b>Plan 3E</b> Girl Participant Accident & Sickness Insurance	<b>Plan 3P</b> Girl Participant Accident & Sickness Insurance	<b>Plan 3PI</b> Girl Participant Accident & Sickness Insurance for International Trips	<b>International Inbound</b> Accident & Sickness Insurance for Girl Guides/Girl Scouts Visiting the USA
For Return Transportation Expense	NOT INCLUDED	NOT INCLUDED	Pays transportation expenses incurred up to \$1,500	Pays transportation expenses incurred up to \$1,500	Benefits for Return Transportation Expense will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services	Pays transportation expense incurred, up to \$10,000
Repatriation Expense	NOT INCLUDED	NOT INCLUDED	Up to \$1,500	Up to \$1,500	Benefits for Repatriation Expense will be coordinated and paid for by AXA Assistance-USA in conjunction with their Travel Assistance Services	Pays transportation expense incurred, up to \$10,000
Air Ambulance Service	Up to \$2,000	Up to \$2,000	Up to \$2,000	Up to \$2,000	Benefits for Air Ambulance Service will be coordinated and paid for by AXA Assistance- USA in conjunction with their Travel Assistance Services	Included in Return Transportation Expense
Surface Ambulance Service	Up to \$500	Up to \$750	Up to \$750	Up to \$750	Up to \$750 under coverage provided by United of Omaha. In the event of a medical evacuation or repatriation, surface transportation benefits are available through AXA Assistance-USA in conjunction with their Travel Assistance	Included in Return Transportation Expense