

How To File A Claim

If you or one of the girls in your troop is injured, simply follow these four easy steps to claim benefits:

1. Complete and sign the front of the Claim Form as soon as reasonably possible. Be sure to provide all the information required to expedite processing and to avoid delay. Please note: if a minor, the parent's signature is required to process the claim.
2. Have the doctor who treated the injury complete the Attending Physicians Statement on the reverse side of the Claim Form. (The claim will not be considered unless the member was treated by a Legally Qualified Physician.) An itemized billing complete with diagnosis, date(s) and procedure code(s) may be substituted for the Attending Physician's Statement.
3. Tear off the bottom (third) copy and keep it for your records.
4. Send the original copy and the second copy to your council for validation along with any available bills for covered expenses which have been incurred. **Claims will not be processed without council signature.**

Upon receiving your completed Claim Form, the council will validate it in the space provided and send it to the address below for processing. Benefits will be sent directly to the provider unless otherwise instructed at the time of claim filing.

After the Claim Form and initial bills have been sent to your council, any additional bills should be sent by parent, leader or other responsible person directly to:

Mutual of Omaha
Special Risk Services
Girl Scout Division
P.O. Box 31156
Omaha, Nebraska 68131

In your correspondence to United of Omaha, be sure to indicate the name of your council.

If you or any injured member has a question about the handling of the claim under this coverage, please write to the above address or call 1-800-524-2324. Allow sufficient time for validation, mailing and processing.



Mutual of Omaha
Underwritten by
United of Omaha Life Insurance Company
Home Office: Omaha, Nebraska



Activity Accident Insurance

Basic Coverage

TO THE GIRL SCOUT LEADER: Girl Scout programs are designed with a view toward safety. However, when an accident does occur, this basic accident coverage is designed to help meet the costs of accident medical care.

Every registered girl scout and registered adult member in the Girl Scout Movement is automatically covered under the plan . . . and the entire premium cost for this protection is borne by Girl Scouts of the U.S.A.

It is important to note, however, that it is not the intention of this plan to diminish the need for family health insurance—or to replace the benefits that may be available under a family medical plan. Rather, it is the plan's objective to provide you and the parents of each girl entrusted to your care the assurance that, should the need arise, financial coverage is available to help pay the medical expenses of accidents occurring during the normal supervised activities of the Girl Scout program.

Girl Scout leaders need to be aware of the requirement for council approval of events or special activities apart from normal troop meetings. Additional coverage is needed if events or activities last more than two consecutive nights, or three consecutive nights if one of the nights is an official federal holiday. Please consult your council well in advance of an event requiring approval.

This brochure contains a complete description of the coverage available under this plan and answers to the questions most frequently asked. The brochure contains information on how to file claims. Please be sure to read the entire brochure carefully and retain it as a reference.

Girl Scouts of the U.S.A.

HERE'S THE PROTECTION TROOP MEMBERS RECEIVE UNDER THIS PLAN*

Covers every registered member.

This plan provides basic accident protection for every registered Daisy, Brownie, Junior, Cadette, Senior and Adult Girl Scout member. New members are covered upon registration and payment of dues.

Provides accident protection for:

Every girl and adult member of your troop for any approved, supervised activity of the Girl Scouts, except activities lasting more than two consecutive nights (a third night is covered only for any official federal holiday, such as Memorial or Labor Day). Also covers travel directly to and from the covered activities.

Accident Medical Expense

When Injuries result in treatment by a Legally Qualified Physician beginning within 30 days after the date of a covered accident, the Insurance Company will pay for expense incurred (up to the usual, reasonable charges normally made within the geographic area where treatment is performed) for Medically Necessary:

- (a) treatment prescribed by a Legally Qualified Physician,
- (b) services of a licensed practical nurse (LPN) or a registered graduate nurse (RN) who is not related to the registered member by blood or marriage,
- (c) hospital care or service,
- (d) X-ray examination,
- (e) prescription drug and
- (f) physical therapy.

Covers treatment received within the 52-week period immediately following the date of the accident, but not to exceed \$15,000, in the aggregate, per person for each accident.

The accident medical benefit will be increased to \$40,000 for covered medical expense incurred due to the following specified injuries: (a) loss of sight in both eyes, (b) dismemberment, (c) paralysis, (d) irreversible coma, (e) entire loss of speech, or (f) loss of hearing in both ears.

Dental Expense

Dental benefits shall be paid as additional benefits and are not included with other medical expense benefits under the \$15,000 per person aggregate limit for each accident. This benefit pays for dental injuries, up to a total of \$3,000, for Medically Necessary treatment and/or replacement of sound, natural teeth. If within the 52-week period following the date of the accident, the Insured's

attending dentist provides the Company with written certification that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, all dental benefits shall not exceed a total of \$3,000.

Nonduplication Provision

When \$125 in benefits has been paid for covered accident medical or dental expense, any subsequent benefits for the same accident will be payable only for: (a) expense incurred which is not compensable under any other insurance policy or service contract or (b) expense incurred for charges not covered under a contract with a health maintenance organization, preferred provider organization or prepaid health care program, for service or treatment performed or supplies furnished.

(NOTE: This provision applies only to accident medical and dental expense benefits. The benefits described below for ambulance service, accidental death or dismemberment and paralysis are payable regardless of other insurance.)

Ambulance Expense

Pays up to \$1,000 for surface ambulance transportation to a hospital; \$3,000 for air ambulance service that in the judgement of the duly authorized medical authority or the senior representative of the camp or activity is needed to facilitate treatment of Injuries and no other ambulance service is available.

Accidental Death, Dismemberment and Paralysis Benefits

When Injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows:

Loss of Life	\$15,000
Loss of Both Hands, Both Feet or Both Eyes.....	\$20,000
Loss of One Hand & One Foot	\$20,000
Loss of One Hand & One Eye or One Foot & One Eye	\$20,000
Loss of One Hand, One Foot or One Eye.....	\$10,000
Loss of Thumb & Index Finger of the Same Hand	\$5,000

Loss means severance of the limb at or above the wrist or ankle joint, and total and irrecoverable loss of sight.

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Loss of thumb and index finger shall mean severance of at least one entire phalanx from each digit of the same hand. To receive benefits, loss must be independent of sickness and all other causes.

When Injuries result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident date and continuing for one year, the Company will pay \$20,000 for hemiplegia, \$20,000 for paraplegia and \$20,000 for quadriplegia. "Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg. "Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs. "Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

Only one of the accidental loss of life, limb, eyesight or paralysis amounts (the largest applicable) will be payable for any one accident.

Benefits are not payable for:

(a) Injuries for which any benefits are payable under workers' compensation or employer's liabilities laws, (b) dental treatment, except for Injuries to sound, natural teeth, (c) Injuries received while in attendance at or participating in activities lasting more than two consecutive nights (three nights when one of the nights is a federal holiday), and travel to and from such activities, (d) the cost of eyeglasses or examinations therefor unless necessitated by impairment of sight caused by injury covered by the policy, (e) Injuries caused by act of declared or undeclared war, (f) the professional services of any person employed or retained by Girl Scouts of the U.S.A. or its councils, (g) suicide or attempted suicide while sane or insane (in Missouri, while sane only), (h) Injuries that are intentionally self-inflicted, (i) Injuries to which a contributing cause was the commission of or attempt to commit a felony or (j) Injuries received while under the influence of a narcotic (does not apply to narcotics given on the advice of a physician). Exception (c) above does not apply to registered members who are attending, participating in, or traveling to or from national or regional meetings.

NOTE: Written proof of loss (claim forms and accompanying bills) must be filed within 90 days from the date of such loss. See instructions in this brochure for filing claims.

The entire premium cost of the plan is borne by Girl Scouts of the United States of America.

Important Questions & Answers

Q What is the purpose of the plan?

A To assure that every registered Girl Scout is automatically covered by accident insurance during normal supervised program activities, except those events which last more than two consecutive nights (three nights when one of the nights is a federal holiday, such as Memorial or Labor Day). Coverage is automatic for all girls upon registration in the Movement and payment of dues.

Q On a troop level, what is meant by an approved, supervised Girl Scout activity?

A It is an activity carried out by girls who are registered members of the Movement under the overall supervision of adults, in keeping with **Girl Scout Program Standards**. (See the following publications: Blue Book, Safety-Wise and the Handbooks. If more information is needed, ask your council.)

Q Are activities engaged in independently, that is, on their own, by one or more members of the troop, covered?

A No. Personal activities engaged in by girls, individually or in groups, on their own are not included within the meaning of "approved, supervised Girl Scout activity."

Q If a member is injured while individually practicing skills for a badge or learning a sport, such as individual roller skating or horseback riding, is she covered?

A No. These are individual activities conducted outside of the troop and not under the direct supervision of troop leadership.

Q Are fund-raising drives and money-earning events covered?

A Yes, if they are council approved and supervised.

Q Is traveling to and from a troop meeting covered?

A Yes. The insurance includes travel directly to and from troop meetings.

Q Is a new member automatically covered when she joins a troop?

A For a new registrant who has met the requirements for membership, including payment of membership dues, insurance coverage becomes effective the date the Troop Leader receives the dues and appropriate registration paperwork. Up to 13 months of insurance coverage is provided for new members registered in the month of September. New members and late reregistrants joining the troop after the troop registration has been sent will be covered effective the date the Troop Leader receives their registration and membership dues.

Q Are program events, (including camping), of two consecutive nights or less covered by the Basic Plan?

A Yes. All registered members participating in approved, supervised program/camping events lasting two nights or less are covered. A third consecutive night is only covered when one of the nights is a federal holiday, such as Memorial or Labor Day.

Q What are examples of events that could last more than two nights and would be excluded under the Basic Plan?

A Resident camping, wider opportunities and all sorts of trips and travel.

Q If an event lasts four or five nights, will the first two overnights be covered under the Basic Plan?

Important Questions & Answers

A No. The entire event is excluded from the Basic Plan, including travel to and from.

Q Is it possible to insure an event which lasts four or five nights?

A Yes. An Optional Plan of activity insurance would need to be arranged through your council to cover the entire event. Contact your council, describe the event, indicate inclusive dates, and the number of girls and adults participating.

Q If an event begins Friday after school and ends Sunday afternoon, does this meet the definition of a two-night event?

A Yes, it is covered under the Basic Plan.

Q Would coverage be provided for a member who became ill during an approved activity?

A No. Sickness is not covered. Only medical expense arising out of an accident during an approved, supervised activity is covered. However, sickness caused by an accident, such as a poisonous snake or insect bite, would be covered.

Q Can Sickness insurance be provided?

A Yes. An Optional Plan of activity insurance would need to be arranged through your council. Contact your council, describe the event, indicate inclusive dates and the number of girls and adults participating. **NOTE:** Accident and sickness coverage cannot be purchased for events lasting less than three nights.

Q Are nonregistered mothers, troop consultants or other persons assisting the leader covered?

A No. Only registered girl and adult members are covered.

Q Are "tagalongs" (brothers, sisters, friends) covered?

A No. If the "Tagalong" is a registered Member of a different troop/group, but is not of the proper age for the activity and is not participating as a service project, there is still no coverage. For example, a registered Daisy tagging along with the parent who is leading a Cadette troop has no coverage for the event. Conversely, a Cadette assisting at a Daisy meeting does have coverage.

Q Is it possible to insure groups of unregistered participants in approved, supervised Girl Scout activities?

A Yes, optional coverage is available for such approved Girl Scout activities as nursery units at day camp, a special community group invited to join a council sponsored event, boys who are active participants in coed activities. Consult your council for further information about Optional Plans of insurance.

Q Are covered medical expenses under this plan payable regardless of the existence of other insurance policies?

A Yes, up to \$125. When \$125 in benefits has been paid for covered medical or dental expense, any subsequent benefits for the same accident will be payable only for covered expenses that exceed the limit of benefits available under other forms of insurance or health care programs . . . up to the specified maximum. (This provision applies only to the medical and dental expense benefits. The benefits for ambulance service, accidental death or dismemberment and paralysis are payable regardless of other insurance.)

***NOTE:** This brochure summarizes the coverage provided and is not a contract or certificate of insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the United States of America. While it is hoped the policy will be continued indefinitely, the right is reserved to change and terminate the policy. Of course, any such action would be taken only after careful consideration. Therefore, your cooperation and vigilance in maintaining safety standards and following the claims procedures as outlined in this brochure are essential.