

# Activity Accident Coverage

## BASIC COVERAGE

### To Girl Scout Volunteers:

Girl Scout programs are always designed with safety in mind. However, when an accident does occur, the basic accident coverage described in this brochure can help cover medical costs. Every registered member and nonmember participant is automatically covered under this plan.

The premium is paid by Girl Scouts of the USA. This plan is not intended to replace family health insurance or benefits available under a family medical plan. Rather, the plan's objective is to provide insurance to help cover medical expenses for injuries incurred during Girl Scout activities.

Please be aware, council approval is required for activities other than normal group meetings. Additional coverage is needed for activities lasting more than two consecutive nights, or three consecutive nights if one is a federal holiday. Please consult your council in advance of events requiring approval.

This brochure contains information about the coverage, answers to frequently asked questions, and how to file a claim. Please read this information carefully and retain it for reference.

#### — Girl Scouts of the USA

NOTE: This is not a contract or certificate of insurance and is subject to the terms and conditions of the master policy. While we hope the policy can be continued indefinitely, the right is reserved to change and terminate the policy. Any such action would be taken only after careful consideration. Your cooperation in maintaining safety standards and following the claims procedures outlined are essential.



Underwritten by  
United of Omaha Life Insurance Company  
A Mutual of Omaha Company

# The Protection Girl Scout Members Receive Under This Plan

## Covered Members

This plan provides basic accident protection for every registered member and nonmember participant. New members and nonmembers are covered upon registration and payment of dues.

## Covered Activities

Any approved, supervised Girl Scout activity. Travel directly to and from the activity is also covered.

## Accident Medical Expenses

When injuries result in treatment by a Legally Qualified Physician within 30 days of a covered accident, this coverage pays expenses incurred for customary charges within the geographic area where treatment is performed for: (a) care 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 member by blood or marriage, (c) hospital care or service, (d) X-rays, (e) prescription drugs, and (f) physical therapy. Covers treatment received 52-weeks following the date of the accident, but not to exceed \$20,000 in aggregate, for each accident. The benefit will be increased to \$40,000 for covered expenses incurred due to the following 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 Expenses

This benefit pays up to \$5,000 for medically necessary dental treatment and/or replacement of sound, natural teeth if within 52 weeks of the accident. The insured's attending dentist must provide written certification if dental treatment and/or replacement must be deferred beyond the 52-week period. All dental benefits will not exceed \$5,000.

## Non-duplication Provision

When \$140 has been paid for covered expenses, any subsequent benefits for the same accident will only be payable for: (a) expense incurred which is not paid under another insurance policy or service contract or (b) expense incurred for charges not covered under a contract with a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) or pre-paid healthcare program.

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

## Ambulance Expense

Pays up to \$3,000 for ground ambulance transportation and \$5,000 for air ambulance service. Coverage is subject to the judgment of an authorized medical authority or senior representative of the camp or activity when no other ambulance service is available.

## Accidental Death, Dismemberment and Paralysis Benefits

When injuries result in the following within 365 days of the accident, coverage will be:

Loss of life .....	\$15,000
Loss of both hands, both feet or both eyes.....	\$20,000
Loss of one hand and one foot.....	\$20,000
Loss of one hand and one eye or one foot and one eye ....	\$20,000
Loss of one hand, one foot or one eye.....	\$10,000
Loss of thumb and index finger on the same hand.....	\$5,000

When Injuries result in hemiplegia, paraplegia or quadriplegia within 60 days after the accident and continuing for one year, a \$20,000 benefit will be paid. "Hemiplegia" means functional loss of one side of the body involving an arm and leg. "Paraplegia" means functional loss of lower extremities involving both legs. "Quadriplegia" means functional loss of both the upper and lower extremities involving both arms and both legs.

Only one coverage amount (largest applicable) will be paid for accidental loss of life, limb, eyesight, or paralysis.

## Infectious Exposure Benefit

This benefit pays up to \$1,500 for lab tests to detect infectious disease borne by animals or insects and/or post-exposure prophylactic medical treatment recommended by a qualified authority due to exposure while participating in an approved and supervised activity. The Infectious Exposure Benefit is subject to any benefit period, deductible and coinsurance applicable to covered medical expenses.

## Heart or Circulatory Malfunction Benefit

If within 90 days of participating in an approved and supervised activity, a youth member suffers loss of life due to disease or illness of the heart or circulatory system, a \$15,000 benefit is payable.

Heart or Circulatory Malfunction means disease or illness of the heart or circulatory system which: (a) is first diagnosed and treated while the member's coverage is in force, (b) occurred within 24 hours of participation in an approved and supervised activity, and (c) the member has not been medically advised of, or received medical treatment for, the heart or circulatory condition prior to the activity.

## Restrictions and Limitations

Benefits are not payable for:

(a) injuries covered by workers' compensation or employer's liability laws, (b) dental treatment, except for injuries to sound, natural teeth, (c) injuries received while attending or participating in activities lasting more than two consecutive nights (three nights when one is a federal holiday), and travel to and from such activities, (d) the cost of eyeglasses or eye exams unless necessitated by impairment caused from 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 USA or its councils, (g) suicide or attempted suicide while sane or insane (in Missouri, while sane only), (h) intentionally self-inflicted injuries, (i) injuries resulting from committing or attempting 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 members who are attending, participating in, or traveling to and 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 for How to File a Claim.

## Frequently Asked Questions

### Q: What is the purpose of the plan?

**A:** To assure every registered Girl Scout is covered by accident insurance during normal supervised program activities. Coverage is automatic for all registered Girl Scout Members and Nonmember participants.

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

**A:** It is an activity carried out by registered Members of the Movement, under supervision of adults, in keeping with the Girl Scout Program Standards and Safety Activity Checkpoints.

### Q: Are independent, personal activities by one or more member(s) of a group, covered?

**A:** No. Personal activities by girls, individually or in groups, on their own are not included within the definition 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 group and not under the direct supervision of Girl Scouts.

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

**A:** Yes. But they must be council approved and supervised.

### Q: Is traveling to and from a group meeting covered?A:

Yes. The insurance includes travel directly to and from group meetings.

### Q: Is a new member automatically covered when she joins/registers?

**A:** New members who have registered and paid their dues are covered effective the date registration has been completed.

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

**A:** No. Sickness isn't covered. Only medical expense for an accident during an approved, supervised activity is covered. However, sickness resulting from 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 and provide a description of the event, including dates and the number of girls and adults participating.

### Q: Are non-registered mothers, consultants or other persons assisting the group volunteers covered?

**A:** No. Only registered Girl Scouts and registered Adult Members and Nonmembers are covered.

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

**A:** Yes, but only if they are injured while participating in a Girl Scouts Supervised Activity.

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

Yes, coverage is available for approved Girl Scout activities such as nursery units at day camp, a special community group invited to join a council sponsored event, or boys who are active participants in coed activities.

**Q: Are covered medical expenses under this plan payable regardless of other existing insurance policies?**

**A:** Yes, up to \$140. When \$140 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.)

## How to File a Claim

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

- 1)** Complete and sign the claim form as soon as reasonably possible. Be sure to provide all the information required to avoid delay. Please note: if a minor, the parent's/guardian's signature is required to process the claim.
- 2)** Have the doctor who treated the injury complete the Attending Physician's 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 bill complete with diagnosis, date(s) and procedure code(s) may be substituted for the Attending Physician's Statement.
- 3)** Keep a copy of the completed claim form for your records.
- 4)** Send the claim form to your council for validation along with any bills for covered expenses.

**Claims will not be processed without council signature.**

Upon receiving your completed form, the council will validate 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/guardian, volunteer or other responsible person directly to:

**United of Omaha Life Insurance Company**

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

In your correspondence, be sure to indicate the name of your council. If you or any injured member has a question about the handling of a claim under this coverage, please write to the above address or call **(800) 524-2324**. Allow sufficient time for validation, mailing and processing.



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United of Omaha Life Insurance Company  
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