How to File a Claim

1. Complete and sign the front of the Claim Form as soon as reasonably possible. Be sure to provide all the information required to process and to avoid delay. Please note: If a minor, the parent/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 submitted 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 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/guardian, volunteer or other responsible person directly to:

United of Omaha Life Insurance Company
Special Risk Services
Girl Scout Division
P.O. Box 11356
Omaha, Nebraska 68131

In your correspondence to United of Omaha Life Insurance Company (United of Omaha), be sure to indicate the name of your council.

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

1. Complete and sign the front of the Claim Form
2. Have the doctor who treated the injury complete the Attending Physician’s Statement
3. Keep a copy of the completed Claim Form
4. Send the Claim Form to your council for validation along with any available bills for covered expenses which have been incurred.

Activity Accident Insurance

Basic Coverage

TO THE GIRL SCOUT VOLUNTEER: 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 USA. (NOTE: This provision applies only to accident medical care. It's important to note, however, that it's not automatically covered under the plan and the entire premium cost for this protection is borne by Girl Scouts of the USA. While it's 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.

Here’s the protection Girl Scout members receive under this plan:

Covers Every Registered Member

This plan provides basic accident protection for every registered youth and adult member of GSOUSA membership. New members are covered upon registration and payment of dues.

Provides Accident Protection for:

Accident Medical Expense
When injuries result in treatment by a Legally Qualified Physician beginning within 30 days after the date of the covered accident, United of Omaha Life 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 $20,000, 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.

Nonduplication Provision

When $140 in benefits has been paid for covered accident medical or 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 $3,000 for service ambulance transportation to a hospital, $5,000 for service ambulance transportation immediately following the date of the accident that in the judgment 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 specified 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 ...........................................$30,000
- Loss of One Hand & One Foot ...........................................$20,000
- Loss of One Hand & One Eye ...........................................$10,000
- Loss of One Foot & One Eye ...........................................$10,000
- Loss of Thumb & Index Finger of the Same Hand .................................$5,000

(continued)
When a registered Girl Scout suffers a loss of life, limb, sight, or paralysis as a result of an accident, the following benefits are payable:

**Infectious Exposure Benefit**
This benefit pays for expenses incurred by an insured person, up to $1,500 for laboratory tests that are used to specifically detect infectious diseases borne by animals or insects and/or that are used to medically advise of or receive any medical treatment for such heart or circulatory malfunction prior to such group or Girl Scout activity.

**Heart or Circulatory Malfunction Benefit**
This benefit pays for expenses incurred by an insured person, up to $1,500 for laboratory tests that are used to medically advise of or receive any medical treatment for such heart or circulatory malfunction prior to such group or Girl Scout activity.

- Benefits Are Not Payable for:
  a. Injuries for which any benefits are payable under workers’ compensation or employer’s liability laws, (b) dental treatment, except for injuries to sounds, 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 broken or covered by the policy, (e) injuries caused by act of declared or undeclared war, (f) the professional services of a paravet, (g) injuries sustained during or as a result of a natural disaster (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.

**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.**

Important Questions & Answers

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

**A**: To assure that every registered Girl Scout is automatically insured during normal supervised program activities, except those exposures resulting from any 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 broken or covered by the policy, (e) injuries caused by act of declared or undeclared war, (f) the professional services of a paravet, (g) injuries sustained during or as a result of a natural disaster (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.

**Q**: When are events of claims for holidays covered?

**A**: Events of claims for holidays (three nights, when one of the nights is a federal holiday). Coverage is only covered when one of the nights is a federal holiday, such as Memorial or Labor Day.

**Q**: Can sickness insurance be provided?

**A**: Yes. An Optional Plan of activity insurance would be arranged through your council. Contact your council for further information on Optional Plans of insurance.

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

**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 and injury shall 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 and dismemberment and paralysis are payable regardless of other insurance.)