



REQUEST FOR ADDITIONAL / NON MEMBER INSURANCE

To request additional insurance, complete the form below, and forward to Girl Scouts Heart of the Hudson, Inc., 2 Great Oak Lane, Pleasantville, NY 10570. This request and premium must be received in the Council office at **least two weeks prior** to the starting date of the event.

All plans MUST be purchased with a minimum of \$5.00. The insurance is computed on a "per person" "per day", (not "per night") basis.
andator : All Requests for Additional / Non Member Insurance, must include a completed GSHH ACH Authorization Form for Troop Bank Account Form. Send completed forms to Customer Care (customercare@girlscoutshh.org)

EVENT: Name: _____

 Place: _____

 Date(s): Beginning date: _____ Ending Date: _____

 Coordinator: _____

 Phone: _____ Email: _____

Please indicate the insurance plan being requested:

- Plan 2 - Non-Member Participant Insurance (\$.11 per person per day).
- Plan 3E - Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$.29 per person per day). *Excess Plan.*
- Plan 3P – Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$.70 per person per day). *Primary Coverage Plan.*
- Plan 3PI – Accident and Sickness Insurance for International Travel (\$1.17 per person per day)*

Troop/Group Leader/Advisor: _____

Address: _____

Service Unit # _____ Troop/Group # _____

ACTIVITY PARTICIPANTS REQUESTING INSURANCE: * Names required for overnight trips*

<u>Name</u>	<u>Male/Female</u>	<u>Age (children)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Use back of form for any additional participants.

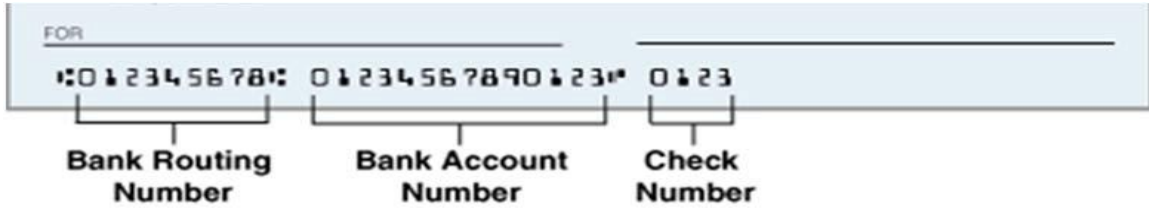
* _____ # participants X _____ # days X \$ _____ = \$ _____ **Total Premium Due**
(Minimum Fee \$5)

Signature of Troop/Group: Leader: _____ Date: _____

Email form to: customercare@girlscoutshh.org

**Girl Scouts Heart of the Hudson, Inc.
ACH Authorization Form for Troop Bank Accounts**

If there are any changes to your troop's bank account, a newly signed and dated form must be submitted to the GSHH Finance department. These changes include adding or changing signers on an account.



Sample check detailing where the information can be found which will be necessary to complete this form

Bank Account Information

Girl Scout Troop # _____ Type of Acct Checking Savings

Bank Name: _____

Bank Routing # _____ Bank Acct # _____

Email address to receive communications: _____

ACH Authorization

I, _____, authorize Girl Scouts Heart of the Hudson, Inc. (hereafter "GSHH") to initiate credit and debit entries such as product sales payments, refunds, etc. to my account at the financial institution (hereafter "Bank") indicated on this form. Furthermore, I authorize the Bank to accept and to credit entries indicated by GSHH. In the event that GSHH deposits funds erroneously into my account, I authorize GSHH to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect until this account is closed, or until GSHH has received written notification from an authorized signer of its termination.

Authorized Signature _____

Girl Scouts Heart of the Hudson, Inc.

- T. (855) 232-GSHH (4744)
- F. 914-752-2488
- Email: customercare@girlscoutshh.org

FOR OFFICE USE ONLY (initial when entered)		
Date received _____	Date entered _____	Entered by _____