

PLEASE TURN IN THIS FORM WITH YOUR RECHARTER PAPERWORK

To: Orange County Boy Scouts of America

From: Pack # _____ Troop # _____

Varsity Team # _____ Venture Crew # _____

Sea Scout Ship # _____

Re: Unit Accident and Sickness Insurance Election Form

Our unit has voluntarily elected to enroll in the endorsed Unit Accident & Sickness provided through Health Special Risk, Inc.

We are chartering with _____ Registered Youths @ \$1.00 each = \$ _____

We are chartering with _____ Registered *Adults @ \$1.00 each = \$ _____

Total premium attached \$ _____

*Adults with multiple registrations should pay with their primary unit.

Signed: _____ Date: _____
Committee Chair

Signed: _____ Date: _____
Unit Leader

Our unit has elected to select its own insurance carrier for an Accident and Sickness Insurance Policy.

Name of Carrier: _____

Policy #: _____

Expiration Date: _____

Please attach a copy of a certificate of insurance for the policy noted above.

Signed: _____ Date: _____
Committee Chair

Signed: _____ Date: _____
Unit Leader

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