



Unit Accident Insurance Plan Annual Enrollment Form

Please complete all information requested. Allow 15 days for mailing and processing. Coverage does not become effective until *Health Special Risk Inc.*, receives the Enrollment Form and premium unless a later date is specified.

Leader's Name: _____ Unit # you are insuring: _____

Leader's Address: _____ Leader's Phone: _____

Leader's email address: _____

Council Name: _____ Council Number: _____

HOW TO CALCULATE YOUR PREMIUMS

Please indicate number and check which applies:

<u>GROUP</u>	<u>YOUTH</u>	<u>ADULT</u>	<u>TOTAL</u>	<u>TOTAL COST</u>
<input type="checkbox"/> Tiger Cubs & Tiger Adult Partners				
(All Tiger Cubs must have a Tiger Cub Parent registered).				
<input type="checkbox"/> Cubs	_____ + _____ = _____			X rate: \$1.61 ea. \$ _____
<input type="checkbox"/> Scouts	_____ + _____ = _____			X rate: \$1.61 ea. \$ _____
<input type="checkbox"/> Varsity Scouts	_____ + _____ = _____			X rate: \$3.59 ea. \$ _____
<input type="checkbox"/> Venturers	_____ + _____ = _____			X rate: \$3.59 ea. \$ _____
Totals	_____ + _____ = _____			X rate: \$5.09 ea. \$ _____
				\$ _____

Grand Total: Annual Premium for all coverages: \$ _____

There is a \$25.00 minimum annual premium required to secure coverage.

Amount Enclosed: \$ _____

Effective Date: _____

Attach a check & mail to:

Health Special Risk, Inc.
PO Box 674072
Dallas, TX 75267-4072

If paying by credit card, please complete the following. **PLEASE NOTE:** There is a five (5) percent service charge or \$5.00 minimum, for paying with a credit card.

Credit Card Number: _____ Expiration Date: _____

Credit Card Holder Name: _____ Security Code: _____

Today's Date: _____

A Description of Coverage and other documentation will be emailed to the Unit Leader listed above. Please allow a minimum of 10 business days upon receipt by *HSR* for processing and issuance of the Description of Coverage.

For assistance, please call toll-free 1-866-726-8870 or email BSAenrollment@hsri.com

