

Special Events Accident & Sickness Insurance Plan Enrollment Form

HSR ADMINISTRATIVE USE ONLY:

Date Received:

Check #:

Date Enrolled:

Date DOC Sent:

Council Name

Council #

Name of Camp or Event & Location

Event Opening Date

Event Closing Date

=

of Days

PREMIUM CALCULATIONS:

# of Participants		# of Days		Participant Days		Rate		Premium
<input style="width: 150px; height: 20px;" type="text"/>	X	<input style="width: 80px; height: 20px;" type="text"/>	=	<input style="width: 130px; height: 20px;" type="text"/>	X	\$0.40	=	<input style="width: 150px; height: 20px;" type="text"/>

# of Tot Lots		# of Days		Participant Days		Rate		Premium
<input style="width: 150px; height: 20px;" type="text"/>	X	<input style="width: 80px; height: 20px;" type="text"/>	=	<input style="width: 130px; height: 20px;" type="text"/>	X	\$0.05	=	<input style="width: 150px; height: 20px;" type="text"/>

Total Event Premium:

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

A Description of Coverage (DOC) and claim forms will be emailed to the Council's Representative listed below. Please be sure to include an email address below. Please allow 10 business days upon receipt by *HSR* for processing and issuing of the DOC

Name of Council Representative completing this form

Email Address of Council Representative completing this form

Date Completed

Phone Number

If paying by check, please print out this form, enclose a check payable to HSR and mail to:

Health Special Risk, Inc.

P.O. Box 674072, Dallas, TX 75267-4072

Toll-free: 1-866-726-8870 • BSAenrollment@hsri.com

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. Please Email the form to BSAenrollment@hsri.com for processing

Credit Card Number

Expiration Date

Credit Card Holder Full Name

Security Code

Today's Date (MM-DD-YY)

Amount Charged