

Minsi Trails Council  
PO Box 20624

Boy Scouts of America  
Lehigh Valley, PA 18002-0624

Staff Insurance Information

(Effective during period of staff contract or beginning on date signed while at Camp)

AS A MEMBER OF A CAMP STAFF OF THE MINSI TRAILS, I UNDERSTAND I AM COVERED BY INSURANCE AS PER FOLLOWS.

- A. Workmen's Compensation Coverage – You are covered for accident that happen while you are on the job. THIS POLICY DOES NOT COVER YOU FOR SICKNESS OR FREE TIME OR WHEN YOU ARE ON A DAY OR NIGHT OFF.
- B. All staff members will be covered under the Council's Accident and Sickness Insurance Plan with Mutual of Omaha, for the first \$150.00 of an claim that is not job related and covered under Workmen's Compensation. After the \$150.00 it will be up to you or your family's insurance carrier to pay the balance of the claim. If you or your family do not have other insurance and will state this in writing, Mutual of Omaha, will pay up to 6,000.00.
- C. My or my family's Health Insurance Company is \_\_\_\_\_  
Policy/Certificate # \_\_\_\_\_
- D. NOTE: This form must be returned with your contract.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Director \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18, parent/guardian must sign below)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_