



Council Accident & Sickness Insurance Plan Annual Enrollment Form

Councils can choose either one of two plan, two optional benefits, and two premium payment methods. Plan 1 insures Youth members only (including unpaid seasonal staff). Plan 2 insures Youth & Adults. The Council can also elect to insure their Learning for Life curriculum-based participants and/or Family Members. Please complete all information requested. Allow 15 days for mailing and processing. Coverage does not become effective until HSR receives the Enrollment Form and premium unless a later date is specified.

Council Name: Coastal Carolina Council Number: 550
 Council Address: 9297 Medical Plaza Dr.
 City, State & Zip Code: N. Charleston, SC 29406 Telephone: 843-763-0305
 Scout Executive: Jason Smith Email Address: Jason.Smith@scouting.org

Plan Desired

- Plan 1: Youth Only. Enter the average number of registered Youths for the previous 12 months.
 - Plan 2: Youth & Adults. Enter the average number of Youth & Leaders (include Den aides/chiefs) registered for the previous 12 months.
- For both Plan 1 and Plan 2, all Lion Cub and Tiger Cubs must have a Lion or Tiger Parent registered.

GROUP:

Lion Cubs, Tiger Cubs & Lion and Tiger Cub Adult Partners
 Cubs
 Scouts
 Venturers, Sea Scouts
 Unpaid Seasonal Staff/Others
 Learning for Life Explorers
 Total Participants

	Plan 1	Plan 2	
	Youth	Youth	Adults
		339	339
		1,091	419
		1,215	740
		66	39
		0	0
		357	94
		3,068	1,631
x \$0.82/person		x \$0.82/person	x \$0.82/person
		2,515.76	1,337.42

Subtotal Premium:

OPTIONAL COVERAGE:

Learning For Life Curriculum-Based Participants

Subtotal Premium:

	Plan 1	Plan 2	
	Youth	Youth	Adults
x \$0.67/person		x \$0.67/person	x \$0.67/person
		0	0

Family Member Coverage: for Parents, Grandparents & Siblings attending Scouting America Council Sponsored Family Events.

Est. # of Family Members Attending Family Events in 2025
 Average Length (Days) of Each Family Event
 Subtotal (Member-Days = Family Members * Days)
 Rate (Per Person, Per Day)
 Subtotal Premium:

	Plan 1	Plan 2	
	Youth	Youth	Adults
		350	100
		2	2
		35	10
* \$0.05		* \$0.05	* \$0.05
		35.00	10.00

Total Annual Premium (Sum of All Shaded Boxes Above):

\$ 3898.18

Premium Payment (Select One):

- Annual Submit the full amount above now.
 Semi-Annual Submit 1/2 now; 1/2 by 7/1/25. \$1949.09
 Desired Effective Date: 1/1/2025

Amount Enclosed: \$ _____

Attach a check and mail to Health Special Risk, Inc.; PO Box 957946; St. Louis, MO 63195-7946.
 For assistance, please call toll-free 866-726-8870.