

## Plan 3P

## **Enrollment Form for Girl Scout Councils**



Signature

Date

1. Submit the completed enrollment form through the Girl Scout Council for approval.

<ol><li>Following Council approval, the C Life Insurance Company) directly form and premium must be receive</li></ol>	to: Mutual of O	maha, Special	Risk Services, F	P.O. Box 31716	, Omaha, NE 68	3131. Enrollme	Omaha ent	
FROM:								
Name of Council			(Please complete the address portion					
Address			`		•	-		
City State ZIP								
E-mail		the Council's verification copy.)						
Council approval is required — submit enrollments directly to M  Council Code No.	forms without Iutual of Oma	the appropri ha.	ate Council sig	gnature canno	t be processed	; troop leader	s should not	
	1	·44. 41. C						
Leader name or name of Please provide Accident and Sickness (except statutory employees covered u	Insurance to co	ver all enrolle	d participants in	the following	approved, supe	ervised Girl Sc	out activities	
		Schedule	of Each Eve	nt				
			(1)	(2)	(3)	(4)	(5)	
Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ 70¢	Total (3 x 4)	
SAMPLE: CAMPING	2/5/XX	2/9/XX	25	5	125	\$ .70	\$ 87.50	
1.						.70		
2.						.70		
3.						.70		
4.						.70		
5.						.70		
TOTAL	N/A	N/A				.70		
Check made payable to UNITED OF OMINIMUM PREMIUM is \$5.00, exce								
Council Signature X		Title				Date		
	F	OR HOME (	OFFICE USE (	ONLY				
	V	erification of	Coverage to Co	uncil			SGS21	
Approved as Submitted X		//	Approved v	with Change M	arked 🗶		//	

Signature