



# Plan 3PI

## Enrollment Form for International Trips for Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the completed enrollment form and premium (made payable to United of Omaha Life Insurance Company) directly to: Mutual of Omaha, Special Risk Services, P.O. Box 31716, Omaha, NE 68131.

FROM:  
 Name of Council \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_

**(Please complete the address portion in full. This will be used to return the Council's verification copy.)**

**Council approval is required — forms without the appropriate Council signature cannot be processed; group leaders should not submit enrollments directly to Mutual of Omaha.**

Council Code No.

Leader name or name of person submitting this form \_\_\_\_\_  
 Please provide Accident and Sickness Insurance to cover all enrolled participants in the following approved, supervised Girl Scout trip (except statutory employees covered under workers' compensation):

### Trip Schedule

| Name and Location of Trip | Beginning Date | Ending Date | (1)                    | (2)            | (3)                             | (4)                        | (5)           |
|---------------------------|----------------|-------------|------------------------|----------------|---------------------------------|----------------------------|---------------|
|                           |                |             | Number of Participants | Number of Days | Number Participant Days (1 x 2) | Premium Each Day @ \$ 1.17 | Total (3 x 4) |
| SAMPLE: COUNTRY           | 2/5/XX         | 2/9/XX      | 25                     | 5              | 125                             | \$ 1.17                    | \$ 146.25     |
| 1.                        |                |             |                        |                |                                 | 1.17                       |               |
| TOTAL                     | N/A            | N/A         |                        |                |                                 | 1.17                       |               |

**ATTENTION TROOP LEADER:**  
 Please attach the trip roster to this enrollment form. (See format on Instruction Sheet.)

**Important Note to Leaders: Please prepare and bring a list of emergency parental, guardian or other personal contacts and their telephone numbers for all participants with you during the trip.**

Check made payable to GSWISE for the TOTAL PREMIUM shown above is enclosed.  
 MINIMUM PREMIUM is \$5.00.

Council Signature  \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### FOR HOME OFFICE USE ONLY

|   |                                |      |   |                                |
|---|--------------------------------|------|---|--------------------------------|
| Verification of Coverage to Council                       |                                |      |   | SGS21                          |
| Approved as Submitted <input checked="" type="checkbox"/> | _____/_____/_____<br>Signature | Date | Approved with Change Marked <input checked="" type="checkbox"/> | _____/_____/_____<br>Signature |