

# Plan 2 Insurance Enrollment Form

This form can also be downloaded online at [gswise.org](http://gswise.org) and then click on *Resources*.

1. **At least two weeks prior to your event**, deliver this completed form and premium payment, made payable to GSWISE, to any Girl Scouts of Wisconsin Southeast Service Center or mail to: Girl Scouts of Wisconsin Southeast, 131 South 69th Street, Milwaukee, WI 53214.
2. **Council approval of events is required.** Following council approval, Girl Scouts of Wisconsin Southeast will process the enrollment form and premium through Mutual of Omaha Companies.
3. Assume coverage is in place if you DO NOT hear from Girl Scouts of Wisconsin Southeast.

## Please Note:

If we do not receive this form two weeks before the event, coverage is not guaranteed.

Forms without the appropriate council signature cannot be processed by Mutual of Omaha Companies. (Troop leaders should not submit enrollments directly to Mutual of Omaha Companies.)

Council Code Number: 4 9 7

Leader name or name of person submitting this form: \_\_\_\_\_

Troop # or Service Unit: \_\_\_\_\_

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised, Girl Scout activities (except statutory employees covered under workers' compensation).

## Schedule of Each Event

			(1)	(2)	(3)	(4)	(5)
Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participants Days (1 x 2)	Premium Each Day @ \$ .11	Total (3 x 4)
Sample: Camping	2/5/XX	2/9/XX	25	5	125	\$ .11	\$ 13.75
1.						\$ .11	
2.						\$ .11	
3.						\$ .11	
4.						\$ .11	
5.						\$ .11	
<b>TOTAL PREMIUM</b>						\$ .11	

Please make sure to include a check, made payable to GSWISE, for the TOTAL PREMIUM shown above. MINIMUM PREMIUM is \$5.00, however you may include several enrollment forms in one submission to meet the minimum.

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

Underwritten by United of Omaha Life Insurance Company

**Make one copy of this form to keep and submit the original form and payment to GSWISE.**