

Plan 3P

Enrollment Form for Girl Scout Councils



Date

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

 Following Council approval, the C Life Insurance Company) directly to form and premium must be received 	to: Mutual of Or	maha, Special	Risk Services, I	P.O. Box 31716	, Omaha, NE 68	3131. Enrollme	Omaha ent	
FROM:								
Name of Council		in full. This will be used to return						
Address								
City State ZIP			the Councilla verification conv.)					
E-mail			τ	ne Councii	's vermeau	on copy.)		
Council approval is required — submit enrollments directly to M	forms without Iutual of Oma	the appropri ha.	iate Council sig	gnature canno	t be processed	; troop leader	s should not	
Council Code No.								
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	OMAHA LIFE of that several of	INSURANCE enrollment for	COMPANY forms included in	or the TOTAL I	PREMIUM shows the may be combined to the may be combined to the may be combined to the may be seen to the ma	wn above is er ned to meet th	nclosed. ne minimum.	
Council Signature X Title						Date		
	F	OR HOME (OFFICE USE (ONLY				
Verification of Coverage to Council							SGS21	

Approved as Submitted X

Signature

____ / ____ Approved with Change Marked 🗡 _____