Митиаг ФОтана
Underwritten by
United of Omaha Life
Insurance Company

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. FollowingCouncil 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. Enrollment form and premium must be received by Mutual of Omaha prior to 12:01 a.m. of the first day of the Girl Scout international trip.

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

	-		(1)	(2)	(3)	(4)	(5)
Name and Location of Trip	Beginning Date	Ending Date	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 UNITED OF OMAHA LIFE INSURANCE COMPANY for the TOTAL PREMIUM shown above is enclosed. MINIMUM PREMIUM is \$5.00.

Council Signature X			Title	Date	
	FC	OR HOME OF	FICE USE ONLY		
Verification of Coverage to Council					
Approved as Submitted X	Signature	/ / Date	Approved with Change Marked X	Signature	/ / Date

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