

Domestic Extended Travel Insurance Plan 3P



Community

Enrollment Form

- > This form is to be completed for all extended trips within the United States that are more than 3 nights, for all cruises use Plan 3PI.
- > This is for Accident and Sickness coverage.

(Leader or person submitting this form)

- > Submit this completed form with payment to Customer Care at Customercare@citrus-gs.org along with the completed Travel Packet for processing and approval.
- > Once your Travel Packet has been approved, your insurance information will sent to be processed.
- > All approved packets and insurance documents will be sent back to the email the case came in through.
- ➤ Council approval is required to process insurance, without the appropriate Council authorization requests cannot be processed; volunteers cannot submit enrollments or payments directly to Mutual of Omaha Companies.

Troop#

Street Phone #				City State		Zip	
			E-mail				
Please provide the select approved activities (excep	ot statutory e	mployees co	overed under w	orkers' com		ants in the fo	llowing
	LIST	the Event	Information B	<u>elow</u>			
Name and Address of Event	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Participant x Days	(4) Premium per day	Total Due (3 x 4)
Ex: Savannah - JLO Birthplace	10/1/24	10/10/24	12	5	60	\$.70	\$42.00
MINIMUM PREMIUM is \$5.0	00 – several eve	ents can be in	cluded in one sub	mission to be	combined to m	eet the minimu	ım.
Method of payment: ☐ Ch If paying by credit card, inf				ERCARD [DISCOVER		
CARD#			——— EXP. D	ATE/	Sec. Co	de	
(fill in all diç	gits shown on y	our credit ca	rd)	M M	′ Y		
Name as it appears on Cre	dit Card: (Prin	nt)					
Signature (required on cre	dit card order	s)					
COUNCIL USE ONLY	f: Budget Co	ode:					