



**International Travel Insurance
Plan 3 PI
Enrollment Form**

- This form is to be completed for all trips outside of the United States, this includes all cruises.
- This is for Accident and Sickness coverage.
- 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.

Name (Leader or person submitting this form) Troop # _____ Community

Street _____ City _____ State _____ Zip

Phone # _____ E-mail

Please provide the selected Accident and Sickness Insurance to cover all enrolled participants in the following approved activities (except statutory employees covered under workers' compensation.)

List the Event Information Below

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: Our Chalet - Hohliebeweg 1, 3715 Adelboden, Switzerland	10/1/24	10/10/24	12	10	120	\$1.17	\$140.40

MINIMUM PREMIUM is \$5.00 – several events can be included in one submission to be combined to meet the minimum.

Method of payment: Check Money Order VISA MASTERCARD DISCOVER

If paying by credit card, information below **MUST BE INCLUDED:**

CARD # _____ EXP. DATE ____/____/____ Sec. Code ____-____-____
(fill in all digits shown on your credit card) M M Y Y

Name as it appears on Credit Card: (Print) _____

Signature (required on credit card orders) _____

COUNCIL USE ONLY: Budget Code: _____ - _____ - _____ - _____ - _____