Plan 3 P

Enrollment Form

1. Always review the insurance Comparison Chart to be sure you are purchasing the correct insurance.
2. Submit the completed form with payment to Girl Scouts of Citrus Council for processing and approval.
3. Be sure to include approved TAR, Travel or Event paperwork together.
4. Your insurance information will be sent to the email listed below.
5. 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: Savannah Trip - Holiday Inn,520 W Bryan St, Savannah, GA 31401	10/1/19	10/5/19	12	5	60	.70	$42.00

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: _____-_____-_____-_____-_____-_____