



## Plan 3 Pl 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)
<b>Ex:</b> Our Chalet - Hohliebeweg 1, 3715 Adelboden, Switzerland	10/1/19	10/10/19	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)	MMYY	·					
Name as it ap	opears on Credit Card: (Print)		<u> </u>					
Signature (re	quired on credit card orders)							
COUNC	IL USE ONLY: Budget Code:							
			Insurance Plan 3PI - July 2019	Э				