Plan 3E
Enrollment Form
for Girl Scout Councils

Underwritten by
United of Omaha Life
Insurance Company

1. Submit the completed enrollment form through the Girl Scout Council for approval.

2. Following Council 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 event.

FROM:
Name of Council ____________________________________________
Address ____________________________________________________
City __________________________ State ______ ZIP ______

(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; troop 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 activities (except statutory employees covered under workers’ compensation):

Schedule of Each Event

<table>
<thead>
<tr>
<th>Name and Location of Event</th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Number of Participants</th>
<th>Number of Days</th>
<th>Number Participant Days (1 x 2)</th>
<th>Premium Each Day @ 29¢</th>
<th>Total (3 x 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLE: CAMPING</td>
<td>2/5/XX</td>
<td>2/9/XX</td>
<td>25</td>
<td>5</td>
<td>125</td>
<td>$.29</td>
<td>$ 36.25</td>
</tr>
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<td>1.</td>
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<td>TOTAL</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

Check made payable to GIRL SCOUTS HEART OF MICHIGAN for the TOTAL PREMIUM shown above is enclosed. MINIMUM PREMIUM is $5.00, except that several enrollment forms included in one submission may be combined to meet the minimum.

Council Signature X ___________________________ Title ___________________________ Date _______________

FOR HOME OFFICE USE ONLY
Verification of Coverage to Council

Approved as Submitted X ___________________________ / __ / ___
Signature ___________________________ Date ___________________________

Approved with Change Marked X ___________________________ / __ / ___
Signature ___________________________ Date ___________________________