



Mutual of Omaha
Underwritten by
United of Omaha Life
Insurance Company

Plan 3PI

Enrollment Form for International Trips for Girl Scout Councils



Girl Scouts.

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 international trip.

FROM:

Name of Council _____
Address _____
City _____ State _____ ZIP _____
Telephone _____
Fax _____

**(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; group 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 trip (except statutory employees covered under workers' compensation):

Trip Schedule

Name and Location of Trip	Beginning Date	Ending Date	(1)	(2)	(3)	(4)	(5)
			Number of Participants	Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ \$ 1.17	Total (3 x 4)
SAMPLE: COUNTRY	2/5/XX	2/9/XX	25	5	125	\$ 1.17	\$ 146.25
1.						1.17	
TOTAL	N/A	N/A				1.17	

ATTENTION TROOP LEADER:

Please attach the trip roster to this enrollment form. (See format on Instruction Sheet.)

Important Note to Leaders: Please prepare and bring a list of emergency parental, guardian or other personal contacts and their telephone numbers for all participants with you during the trip.

Check made payable to Girl Scouts Heart of Michigan for the TOTAL PREMIUM shown above is enclosed.
MINIMUM PREMIUM is \$5.00.

Council Signature _____ Title _____ Date _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council		SGS21
Approved as Submitted <input checked="" type="checkbox"/> _____ / ____ / ____	Signature	Date
Approved with Change Marked <input checked="" type="checkbox"/> _____ / ____ / ____	Signature	Date