



## Plan 3E Accident and Sickness Coverage Additional Activity Insurance Enrollment Form

(Recommended for trips inside or outside of the Council involving overnight and day trips outside of Council.)

Council Code #499  
 Girl Scouts of the Northwestern Great Lakes, Inc.  
 4693 N Lynndale Drive Appleton, WI 54913

*Submit the completed enrollment form to GSNWGL (address above or via email to [insurance@gsnwgl.org](mailto:insurance@gsnwgl.org)) for approval two weeks prior to the date of the event. Council approval is required - forms without the appropriate council signature cannot be processed.*

**This insurance enrollment is for:**  Troop Event     Service Area Event

Troop #: \_\_\_\_\_ Service Area Number/Name: \_\_\_\_\_

Name of Adult Supervising this Activity: \_\_\_\_\_

Email address to send confirmation of enrollment: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Payment**

- I authorize GSNWGL to initiate debit entries for insurance premium by ACH withdrawal using the Troop/Service Area Bank Account Information and ACH Authorization Form - email to [insurance@gsnwgl.org](mailto:insurance@gsnwgl.org)
- Troop or Service Area check is included, written to "United of Omaha Life Insurance Company" and sent to Girl Scouts of the Northwestern Great Lakes, Inc. Attn: Insurance Administrator  
4693 N. Lynndale Drive Appleton, WI 54913.

Please provide accident 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**

1. Name of Event 2. Location of Event	Beginning Date	Ending Date	Number of people to cover	Number of Days	# people X # Days	Premium Each Day @ \$.29	Total
<b>SAMPLE:</b> 1. Troop 4646 2. Trip to Savannah, GA	06/14/15	06/25/15	14	12	168	0.29	\$ 48.72
1. 2.						0.29	
1. 2.						0.29	
1. 2.						0.29	
<b>Total</b>							

MINIMUM PREMIUM is \$5.00, except that several events may be included in one submission to meet the minimum.

Council Insurance Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HOME OFFICE USE ONLY**

Verification of Coverage to Council	SGS20
Approved as submitted (signature): _____	Date: ____ / ____ / ____
Approved with change marked (signature): _____	Date: ____ / ____ / ____

Underwritten by United of Omaha Life Insurance Company  
 Mutual of Omaha Companies, Special Risk Services, P.O. Box 317 I 6, Omaha, NE 68131