

Plan 3PI Additional Activity Insurance Enrollment Form

INSTRUCTION SHEET

1. Fill in Leader name (or name of person submitting this form).
2. Complete Trip Schedule information including:
 - a. Country of Trip
 - b. Beginning Date of Trip
 - c. Ending Date of Trip
 - d. Number of Participants
 - e. Number of Days
 - f. Number of Participant Days (multiply the Number of Participants by the Number of Days)
 - g. Total (multiply the Number of Participant Days by the Daily Premium of \$1.17).
3. Attach a copy of the Trip Roster to the enrollment form.
Trip Roster should be typewritten, and include the following information:

Trip Country	Trip Date(s)	Council # 499	Name	Age
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4. Enclose a check for the total premium calculated. Check should be made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY (minimum premium is \$5.00) or authorize withdrawal from your group's checking account on the form.
5. Trip Leader: Retain a copy of the enrollment for your records. It contains pertinent information regarding the Travel Assistance Services.
6. Submit the completed enrollment form, trip roster, and premium check to the Property Administrative Assistant for approval/signature at least 2 weeks prior to the trip.

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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 for approval two weeks prior to the date of the event. Council approval is required - forms without the appropriate council signature cannot be processed by Mutual of Omaha.

This insurance enrollment is for a Troop Event or 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
- 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

Name and Location of Trip (list each country visiting)	Beginning Date	Ending Date	Number of participants	Number of Days	# Participants X # Days	Premium Each Day @ \$1.17	Total
SAMPLE: Switzerland	06/14/13	06/25/13	14	12	168	1.17	\$ 196.56
1.						1.17	\$
2.						1.17	\$
3.						1.17	\$
						Total	\$

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.

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

Council Insurance Administrator Signature _____ Date _____

FOR HOME OFFICE USE ONLY

Verification of Coverage to Council				SGS20
Approved as Submitted	/	/	Approved with Change Marked	/
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>	