



Plan 2

Enrollment Form for Girl Scout Councils



- Submit the completed enrollment form through the Girl Scout Council for approval.
- 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 Companies, 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 Companies.

Council Code No.

Leader name or name of person submitting this form _____

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 Event | Beginning Date | Ending Date | (1) | (2) | (3) | (4) | (5) |
|----------------------------|----------------|---------------|------------------------|----------------|---------------------------------|------------------------|-----------------|
| | | | Number of Participants | Number of Days | Number Participant Days (1 x 2) | Premium Each Day @ 11¢ | Total (3 x 4) |
| SAMPLE: CAMPING | 2/5/XX | 2/9/XX | 25 | 5 | 125 | \$.11 | \$ 13.75 |
| 1. | | | | | | .11 | |
| 2. | | | | | | .11 | |
| 3. | | | | | | .11 | |
| 4. | | | | | | .11 | |
| 5. | | | | | | .11 | |
| TOTAL | N/A | N/A | | | | .11 | |

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY 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 _____ Title _____ Date _____

FOR HOME OFFICE USE ONLY

| | | |
|--|--|-------|
| Verification of Coverage to Council | | SGS20 |
| Approved as Submitted <input checked="" type="checkbox"/> _____ / ___ / ____ <small style="text-align: center;">Signature Date</small> | Approved with Change Marked <input checked="" type="checkbox"/> _____ / ___ / ____ <small style="text-align: center;">Signature Date</small> | |