

MUTUAL OF OMAHA ENROLLMENT FORM – PLAN 2

- Additional Activity Insurance is **required** when ANY person – girl, sibling, adult or anyone who is **not** currently registered as a Girl Scout member will participate in a meeting, or a trip, or other Girl Scout gathering. It is also **required** for Service Unit events and trips lasting more than two consecutive nights.
- **Plan 2** is a **supplemental** insurance for accidents only. It covers travel directly to and from any approved and supervised Girl Scout activity.
- **All** requests for additional Activity Insurance must be submitted at least **two weeks prior** to the activity or event. Forward the enrollment form **along with** payment to your Membership Manager for processing.
- Enrollment forms submitted **less than two weeks** before an activity or event may jeopardize the purchase of additional Activity Insurance. To ensure for the safety of all participants, adhere to submission deadlines.
- Make checks payable to: UNITED OF OMAHA LIFE INSURANCE COMPANY for the **TOTAL PREMIUM**. **Minimum premium is \$5.00.**
- If for any reason the event/trip is rescheduled, contact your Membership Manager with the new date **within 24 hours of the cancellation**. If we are not contacted within the specific time, the premium is forfeited and a new enrollment form, along with payment, must be re-submitted.
- For further assistance, contact your Membership Manager or email Membership@gsofct.org.

Please Note: To obtain additional Activity Insurance coverage for extended trips, contact your Membership Manager for enrollment and/or submission instructions.

Contact Information			
Name of Person completing form (first, last)			Service Unit/Troop
Address	Home Phone	Cell Phone	Email

Below is a schedule of each event.

			(1)	(2)	(3)	(4)	(5)
Name & Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1) x (2)	Premium Each Day @ 11 cents	Total (3) x (4)
<i>Example: Bowling Event, Scout Lanes, 12 Girl Scout Dr, National Way, GS12345</i>	<i>2/5/xx</i>	<i>2/9/xx</i>	<i>25</i>	<i>5</i>	<i>125</i>	<i>\$.11</i>	<i>\$13.75</i>
						\$.11	
						\$.11	
						\$.11	
						\$.11	
						\$.11	
TOTAL	N/A	N/A	N/A	N/A		\$.11	

Mutual of Omaha Plan 2 Enrollment forms **cannot** be sent directly to the insurance company. Those sent directly to Mutual of Omaha will be returned **unprocessed** and therefore, delays obtaining additional insurance coverage.

Minimum premium is \$5.00. Several enrollment forms included in one submission may be combined to meet the minimum required. Enrollment forms submitted with **less than** the required \$5.00 will be returned unprocessed.

I verify that all the above information is true and correct to the best of my knowledge and approved as submitted.

Signature	Date
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For Office Use only:

Date Received	Date Entered	Date Sent to Mutual of Omaha
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