

MUTUAL OF OMAHA ENROLLMENT FORM – PLAN 3E

- Additional Activity Insurance is **required** for Service Unit events and extended trips lasting more than three days and two consecutive nights. Any person– girl or adult, who will be participating in the event or trip and is **not** currently registered as a Girl Scout member, will need to be covered by additional Activity Insurance.
- **Plan 3E** is a **supplemental** insurance for accidents and illnesses. 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.

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)
<i>Name & Location of Event</i>	<i>Beginning Date</i>	<i>Ending Date</i>	<i>Number of Participants</i>	<i>Number of Days</i>	<i>Number of Participant Days (1) x (2)</i>	<i>Premium Each Day @ 11 cents</i>	<i>Total (3) x (4)</i>
<i>Example: Bowling Event, Scout Lanes, 12 Girl Scout Dr, National Way, GS 12345</i>	<i>2/5/xx</i>	<i>2/9/xx</i>	<i>25</i>	<i>5</i>	<i>125</i>	<i>\$.29</i>	<i>\$36.25</i>
						\$.29	
						\$.29	
						\$.29	
						\$.29	
						\$.29	
TOTAL	N/A	N/A	N/A	N/A		\$.29	

Mutual of Omaha Plan 3E 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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