

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 completed** payment information customer@gsfct.org
- Enrollment forms submitted **less than two weeks** before an activity/event or without payment may jeopardize the purchase of additional Activity Insurance. To ensure for the safety of all participants, adhere to submission deadlines.
- If for any reason the event/trip is rescheduled, a new Plan 2 must be purchased.
- For further assistance, contact customer@gsfct.org

Please Note: To obtain additional Activity Insurance coverage for extended trips, contact customer@gsfct.org or 1-800-922-2770

Contact Information

Name of Person completing form (first, last)		Service Unit/Troop	
Address	Preferred Daytime 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	
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						\$.11	
						\$.11	
						\$.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.

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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Service Unit or Troop Checking Account Information for Payment:

Bank Name:	Routing Number:	Account Number:
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