



# Plan 2

## Enrollment Form for Girl Scout Councils



1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. 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)   |
| <b>SAMPLE: CAMPING</b>     | <b>2/5/XX</b>  | <b>2/9/XX</b> | <b>25</b>              | <b>5</b>       | <b>125</b>                      | <b>\$.11</b>           | <b>\$ 13.75</b> |
| 1.                         |                |               |                        |                |                                 | .11                    |                 |
| 2.                         |                |               |                        |                |                                 | .11                    |                 |
| 3.                         |                |               |                        |                |                                 | .11                    |                 |
| 4.                         |                |               |                        |                |                                 | .11                    |                 |
| 5.                         |                |               |                        |                |                                 | .11                    |                 |
| <b>TOTAL</b>               | <b>N/A</b>     | <b>N/A</b>    |                        |                |                                 | <b>.11</b>             |                 |

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"/> _____ / ___ / ____<br><small style="text-align: center;">Signature                      Date</small> | Approved with Change Marked <input checked="" type="checkbox"/> _____ / ___ / ____<br><small style="text-align: center;">Signature                      Date</small> |       |