



**Mutual of Omaha**  
Underwritten by  
United of Omaha Life  
Insurance Company

# Plan 3PI

## Enrollment Form for International Trips for Girl Scout Councils



**Girl Scouts.**

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, 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 international trip.

**FROM:**

Name of Council \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

**(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; group leaders should not submit enrollments directly to Mutual of Omaha.**

Council Code No.

Leader name or name of person submitting this form \_\_\_\_\_

Please provide Accident and Sickness Insurance to cover all enrolled participants in the following approved, supervised Girl Scout trip (except statutory employees covered under workers' compensation):

### Trip Schedule

	(1)	(2)	(3)	(4)	(5)		
Name and Location of Trip	Beginning Date	Ending Date	Number of Participants	Number of Days	Number Participant Days (1 x 2)	Premium Each Day @ \$ 1.17	Total (3 x 4)
SAMPLE: COUNTRY	2/5/XX	2/9/XX	25	5	125	\$ 1.17	\$ 146.25
1.						1.17	
TOTAL	N/A	N/A				1.17	

**ATTENTION TROOP LEADER:**

**Please attach the trip roster to this enrollment form. (See format on Instruction Sheet.)**

**Important Note to Leaders: Please prepare and bring a list of emergency parental, guardian or other personal contacts and their telephone numbers for all participants with you during the trip.**

Check made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY for the TOTAL PREMIUM shown above is enclosed. MINIMUM PREMIUM is \$5.00.

Council Signature  \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR HOME OFFICE USE ONLY**

Verification of Coverage to Council		SGS21
Approved as Submitted <input checked="" type="checkbox"/> _____ / ___ / ___	Approved with Change Marked <input checked="" type="checkbox"/> _____ / ___ / ___	
Signature	Date	Signature
		Date

