



Plan 2 Enrollment Form for Girl Scout Councils



Plan 2: This insurance provides accident coverage for all non-registered members as participants for events lasting up to and including two consecutive nights or three nights when one night is a Federal holiday.

1. Submit the completed enrollment form through the Girl Scout Council for approval.
2. Following Council approval, the Council will send the enrollment form and premium to Mutual of Omaha.
3. Make check payable to GSSI for the TOTAL PREMIUM as calculated below. The MINIMUM PREMIUM is \$5.00. Several different events may be included in one submission to meet the minimum.
4. Several enrollment forms may be included in one submission to combine to meet the minimum.
5. Submit form to: Girl Scouts of Southern Illinois, #4 Ginger Creek Parkway, Glen Carbon, IL 62034. ATTN: Sharon Miller. Completed form and payment must be received by the Corporate Service Center **4 weeks prior to event date.**

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. 416

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

	(1)	(2)	(3)	(4)	(5)		
Please provide troop #, name of event, place of event, city, state	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participants Days (1 x 2)	Premium Each Day @ \$.11	Total (3 x 4)
Example: Troop 116, Camping, Camp Torqua, Edwardsville, IL	4/5/10	4/9/10	25	2	50	\$. 11	5.50
1.						\$. 11	
2.						\$. 11	
3.						\$. 11	
4.						\$. 11	
5.						\$. 11	
6.						\$.11	
7.						\$.11	
8.						\$.11	
TOTAL	N/A	N/A				\$. 11	

Please list additional events on the back of this form.

Underwritten by United of Omaha Life Insurance Company