



Mutual of Omaha

**UNITED OF OMAHA LIFE
INSURANCE COMPANY**
A MUTUAL of OMAHA COMPANY

Plan 3PI

Enrollment Form for International Trips 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: GSCM 4806 Seton Drive, Baltimore MD 21215 membercare@gscm.org

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. 218

Leader name or name of person submitting this for 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

Name and Location of Event	Beginning Date	Ending Date	(1)	*(2)	(3)	(4)	(5)
			Number of Participants	Number of Days	Number Participant Days (1x2)	Premium Each Day @ \$1.17	Total (3 x 4)
Sample: Royal Caribbean Cruise, Port of Baltimore, Port King's Wharf Bermuda, Port of Baltimore	2/5/xx	2/8/xx	10	4	40	\$1.17	40 x \$1.17=\$46.8
1.						\$1.17	
TOTAL	N/A	N/A					

*(2) Please count each day of a trip even if it starts at 10pm

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.

Council Signature _____ Title _____ Date _____

Underwritten by United of Omaha Life Insurance Company