



Plan 3E
Accident & Sickness for Out of State
Trips Insurance Enrollment Form

1. Print and Complete the form. (please type or print legibly)
2. Enter YOUR name, email, and telephone number.
3. Include the name of the event and city in the "Name/Location of Event" column.
4. Total ALL columns.
5. Attach your check for total payment to the form. Make checks payable to: United of Omaha Life Insurance Company (Checks must be for the Total Premium, with a minimum of \$5.00)
6. Please mail your Completed Enrollment Form WITH your check to the Alameda Office:

Girl Scouts of Northern California
Att: Risk Management & Travel Assistant
1650 Harbor Bay Parkway, Ste 100
Alameda, CA 94502

Name & Phone Number of Person Requesting: _____

Email address: _____

Troop or Service Unit # _____

Schedule of Events

Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number Participant X Days	Premium Each Day @ \$0.29	Total
SAMPLE: Capital Explorations Adventure, Sacramento, CA	02/05/2014	02/09/2014	25	5	125	\$0.29	\$36.25
1.						\$0.29	
2.						\$0.29	
3.						\$0.29	
4.						\$0.29	
5.						\$0.29	
6.						\$0.29	
TOTAL	N/A	N/A				\$0.29	

Please provide Accident and Sickness Insurance to cover all enrollment participants in approved, supervised Girl Scout activities (except statutory employees covered under workers' compensation).

FOR COUNCIL USE ONLY		
Check #		
Bank Name:	Invoice #	Confirmation: