



## Plan 3P Accident and Sickness 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 @ \$0.70	Total
<b>SAMPLE:</b> Capital Explorations Adventure, Sacramento, CA	<b>02/05/2014</b>	<b>02/09/2014</b>	<b>25</b>	<b>5</b>	<b>125</b>	<b>\$0.70</b>	<b>\$87.50</b>
1.						<b>\$0.70</b>	
2.						<b>\$0.70</b>	
3.						<b>\$0.70</b>	
4.						<b>\$0.70</b>	
5.						<b>\$0.70</b>	
6.						<b>\$0.70</b>	
<b>TOTAL</b>	<b>N/A</b>	<b>N/A</b>				<b>\$0.70</b>	

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

<b>FOR COUNCIL USE ONLY</b>		
Check #		
Bank Name:	Invoice #	Confirmation: