Mutual of Omaha

Underwritten by
United of Omaha
Life Insurance Company

Plan 3E
Enrollment Form
for USA Girl Scouts Overseas

Girl Scouts®

Overseas Committee Chair approval is required—forms without the appropriate signature cannot be processed.

FROM: Location _____

Address _____

_____

Telephone _____

Fax_____

E-mail _____

Country and Location Code No. **7** __ __ – __ __ __

8 __ __ – __ __ __

USAGSO name 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). Completed 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/activity.

Schedule of Each Event

			(1)	(2)	(3)	(4)	(5)
Name and Location of Event	**Beginning Date**	**Ending Date**	**Number of Participants**	**Number of Days**	**Number of Participant Days (1 x 2)**	**Premium Each Day @ 29¢**	**Total (3 x 4)**
SAMPLE: JULIETTE LOW CAMP FIRE - Hong Kong	**1/20/XX**	**1/24/XX**	**30**	**5**	**150**	**$0.29**	**$43.50**
1.							
2.							
3.							
4.							
TOTAL	**N/A**	**N/A**					

Enclosed is a check for the TOTAL PREMIUM shown above, made payable to UNITED OF OMAHA LIFE INSURANCE COMPANY. More than one event may be submitted per enrollment form. MINIMUM PREMIUM is $5.00 per enrollment form.

Overseas Committee Chair Signature_____ Date _____

E-mail address_____

Following Overseas Committee Chair approval:

1. The completed enrollment form and premium must be sent to Mutual of Omaha; P.O. Box 31716; Omaha, NE 68131-0716.
2. A copy of the completed enrollment form must be sent to GSUSA Global Girl Scouts via:
   a) Fax to 212-852-8183 or
   b) E-mail to overseas@girlscouts.org or
   c) Mail directly to 420 Fifth Avenue; New York, NY 10018.

FOR HOME OFFICE USE ONLY

Verification of Coverage to GSUSA	SGS22
Approved as Submitted _____ /____/ ____ (Signature / Date)	Approved with Change Marked _____/____/ ____ (Signature / Date)