

Signature (required on credit card orders)_

COUNCIL USE ONLY: Budget Code: __



Plan 3 P

Enrollment Form

- 1. Always review the insurance Comparison Chart to be sure you are purchasing the correct insurance.
- 2. Submit the completed form with payment to Girl Scouts of Citrus Council for processing and approval.
- **3.** Be sure to include approved TAR, Travel or Event paperwork together.
- **4.** Your insurance information will be sent to the email listed below.
- **5.** Council approval is required to process insurance, without the appropriate Council authorization requests cannot be processed; volunteers cannot submit enrollments or payments directly to Mutual of Omaha Companies

y employees c	ss Insurance to overed under wt Information B	orkers' com	olled participa		_
y employees o	overed under w t Information B (1) Number of	cover all enr orkers' com selow	olled participa pensation.)		_
y employees o	overed under w t Information B (1) Number of	orkers' com Below	pensation.)		_
		(2) Number	(3) Participant	(4) Duo maissana	1
	Participants	of Days	x Days	(4) Premium per day	Total Due (3 x 4)
10/5/19	12	5	60	.70	\$42.00
loney Order	VISA □MAST			eet the minimu	ım.
on your credit ca				de	
	loney Order below MUST BI	loney Order	loney Order	loney Order	below MUST BE INCLUDED: EXP. DATE / Sec. Code