

Additional Plan 2 Accident Insurance

Plan 2 Accident Insurance covers participants of your event who are NOT members of Girl Scouts of Eastern Missouri and/or Girl Scouts participating in an event lasting three nights or more.

Instructions

1. Print and complete the form. Please print legibly.
2. Enter YOUR name, email, and telephone number.
3. Include the name of the event and city in the "Name and Location of Event" column.
4. Total all columns.
5. Make your check payable to **United of Omaha Life Insurance Company**.
Checks must be for the total premium, with a **minimum of \$5.00**. For example, if your total is \$1.00, you would still write a check for \$5.00.

6. Mail your completed form and check to: Girl Scouts of Eastern Missouri
ATTN: Risk Management
2300 Ball Drive
St. Louis, MO 63146

Your Name: _____ Phone: _____

Troop or Service Unit #: _____ Email: _____

Schedule of Events

Name & Location of Event	Start Date	End Date	Number of Participants	x	# of Days	= Multiply Participants & Days	x Premium Each Day (\$0.11/Day)	= Total
SAMPLE: Sample Name St. Louis, MO	02/05/2014	02/09/2014	25		5	125	\$0.11	\$13.75
1.							\$0.11	
2.							\$0.11	
3.							\$0.11	
4.							\$0.11	
5.							\$0.11	
6.							\$0.11	
TOTAL DUE								

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