

# Additional Plan 3E Accident & Sickness Insurance

Plan 3E Accident Insurance is recommended for trips out of state or where concern of illness may occur. For more information, refer to *Volunteer Essentials* (<https://www.girlscoutsem.org/en/for-volunteers/VolunteerEssentials.html>).

**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 (\$0.29/Day)	= Total
<i>SAMPLE:</i> Juliette Gordon Low Birthplace Savannah, GA	04/02/2021	04/06/2021	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	
<b>TOTAL DUE</b>								

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