

Additional Plan 3P Personal Accident & Sickness Insurance

Plan 3P is for groups with one or more participants who do not have primary personal family insurance. It is also recommended when personal insurance may not be honored.

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 (\$0.70/Day)	= Total
SAMPLE: Sample Name St. Louis, MO	11/23/2020	11/27/2020	25		5	125	\$0.70	\$17.50
1.							\$0.70	
2.							\$0.70	
3.							\$0.70	
4.							\$0.70	
5.							\$0.70	
6.							\$0.70	
TOTAL DUE								

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